

INTRODUCTIONS



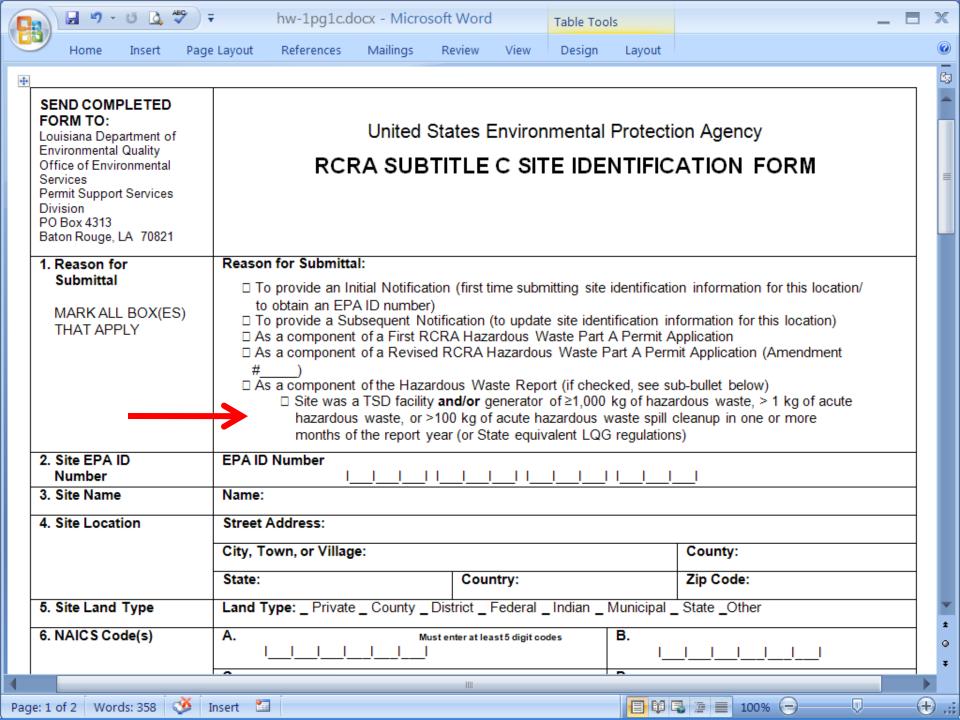
Lee McNabb
Charles Bennett
Sheryl Grimmer

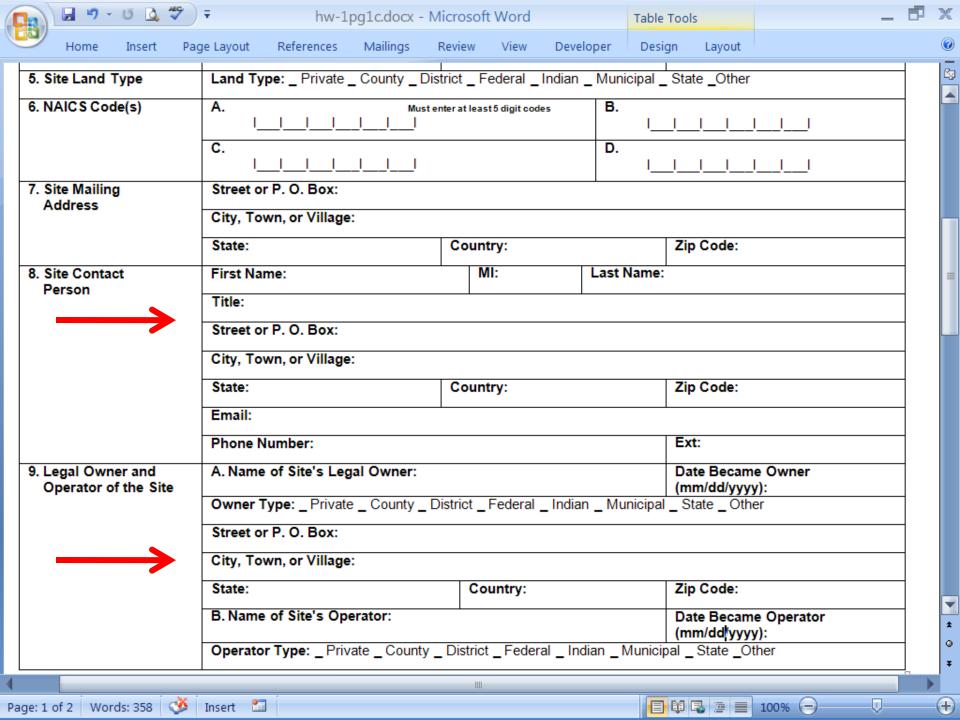




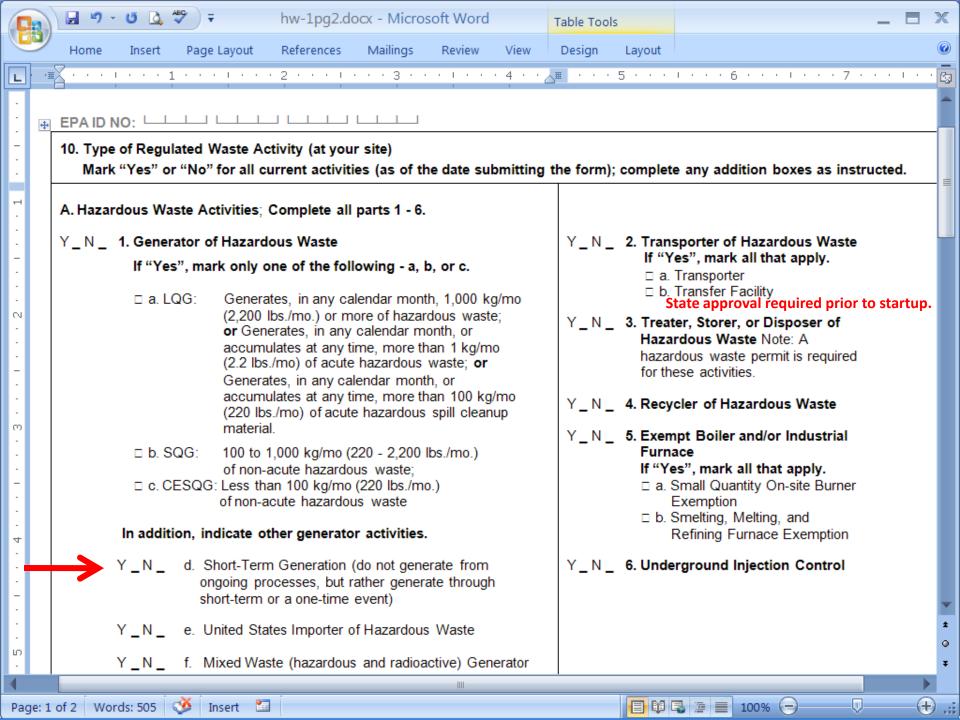


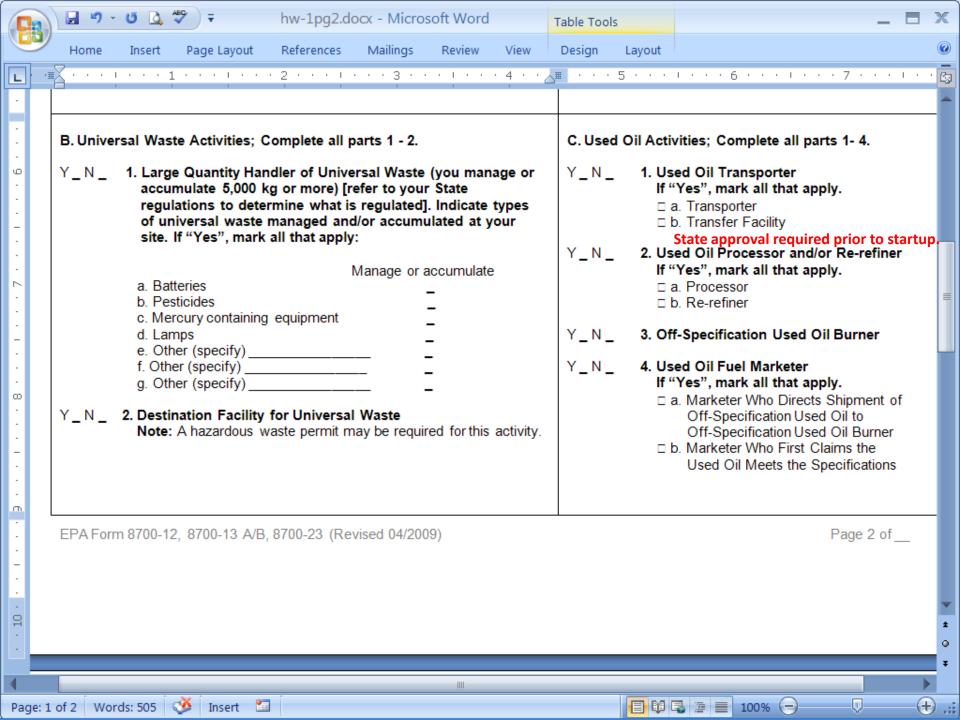
	io i vainoci, Exp	TOTAL DELLE													
The Sta	ND MPLETED IRM TO: e Appropriate ate or Regional fice.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM													
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA II for this location)													
E	MARK ALL BOX(ES) THAT	To provide a Subsequent Notification (to update site identification information for this location) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application													
	APPLY	APPLY APPLY As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendi													
		As a component of the Hazardous Waste Report (If marked, see sub-bullet below)													
		Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)													
2.	Site EPA ID Number	EPA ID Number													
3.	Site Name	Name:	Name:												
4.	Site Location Information	Street Addres	5S:												
	information	City, Town, o	r Village:	County:											
L		State:			Country:			Zip Code:							
5.	Site Land Type	☐ Private	☐ County	☐ Distri	ict 🔲 Fed	leral 🔲 Tri	bal 🔲 N	funicipal	State	Other					
6.	NAICS Code(s) for the Site (at least 5-digit codes)	A.	\Box		Ш	C.	\Box		Ш						
		В.				D.	Ш								
7.		Street or P.O. Box:													
	Address	City, Town, or Village:													
		State:			Country:			Zip Code:							
8.	Site Contact	First Name:			MI:	Last:									
	Person	Title:													
		Street or P.O. Box:													
		City, Town or	r Village:												
		State:			Country:			Zip Code:							
		Email:													
		Phone:			Ex	t.:		Fax:							
9.	Legal Owner	A. Name of S	Site's Legal O	wner:				Date Became Owner:	•						
	and Operator of the Site	Owner Type:	Private	☐ County	☐ District	☐ Federal	Tribal	☐ Municipal	☐ State	Other					
		Street or P.O	. Box:												
		City, Town, o	r Village:					Phone:							
		State:			Country:			Zip Code:							
		B. Name of S	Site's Operato	or:				Date Became Operator:							
		Operator Type:	☐ Private	☐ County	☐ District	☐ Federal	Tribal	Municipal	State	Other					



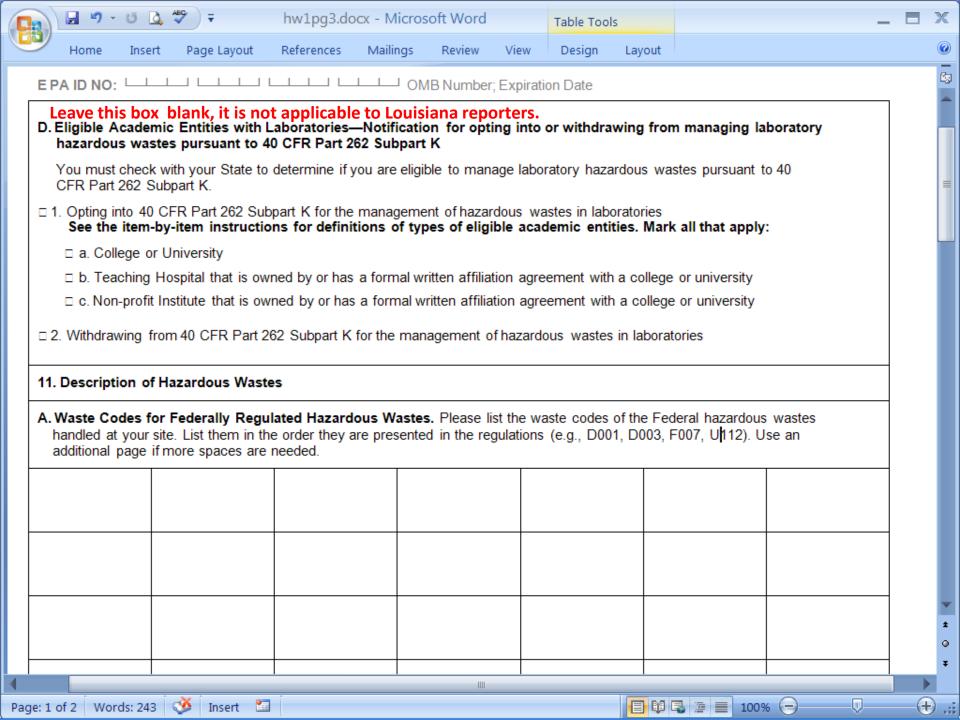


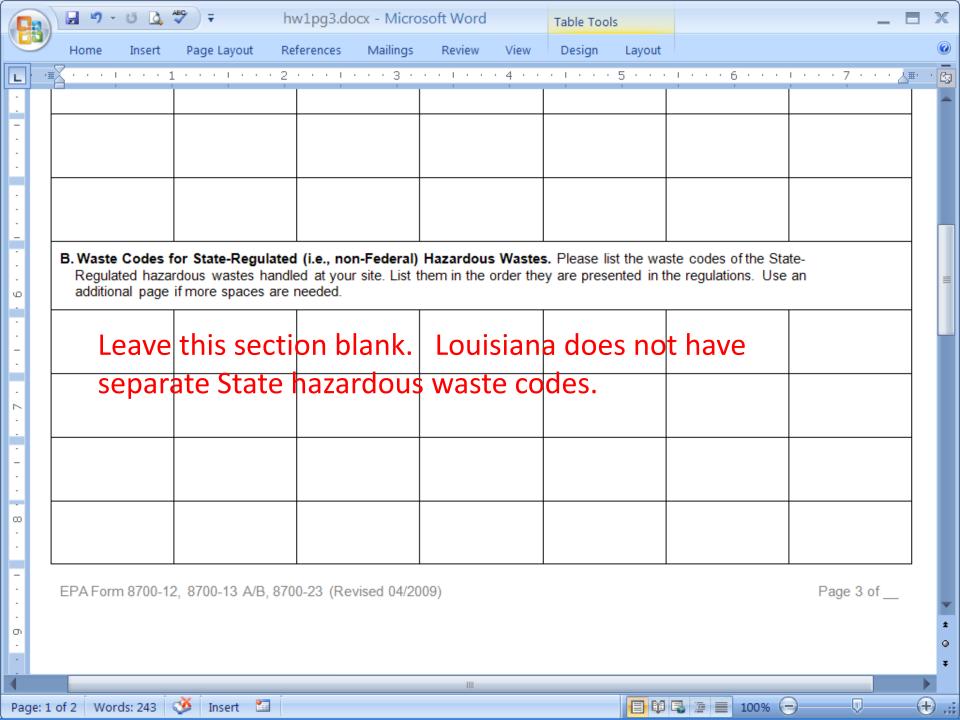
EPA ID Nu	mbe	r	\Box	\bot	\sqcup	$\perp \perp$	\bot		\bot						OMB Number; Expiration D	ate	
10. Type o Mark "	 Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed. 																
A. Hazaro	lous	Was	te Activiti	es; Co	mplete	e all p	arts 1	-7.									
Y 🗆 N 🗆	Y N 1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c.											□N □ 2			. Transporter of Hazardous Waste If "Yes", mark all that apply.		
		a.	LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or												a. Transporter		
				(2,200 lbs./mo.) or more of Generates, in any calend					or					b. Transfer Facility (at your site)			
				accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo						Υ□	N	□ 3	Ha	eater, Storer, or Disposer of zardous Waste Note: A hazardous iste permit is required for these activiti	25.		
				(220 lbs./mo) of acute hazardous spill cleanup material.					Y 🗆 N 🗖			. Re	cycler of Hazardous Waste				
								on-									
	 c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. 							te	Y □ N □ 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. □ a. Small Quantity On-site Burner					ce			
		lf '	'Yes" abov	ve, ind	icate o	other	gener	ator a					Exemption				
Y 🗆 N 🗆]	d.	time even	Short-Term Generator (generate from a short-term or one- ime event and not from on-going processes). If "Yes", provide an explanation in the Comments section.											 Smelting, Melting, and Refining Furnace Exemption 		
Y 🗆 N 🗆]	e.		United States Importer of Hazardous Waste								N	□ 6	. Un	derground Injection Control		
Y 🗆 N 🗆]	f.	Mixed Wa	ste (ha	azardo	us and	d radio	active) Generator		Υ□	N	- 7	. Re	ceives Hazardous Waste from Off-s	ite	
B. Univer	sal V	last	e Activities	s; Con	nplete	all pa	erts 1-2	2.			C. Used Oil Activities; Complete all parts 1-4.						
Υ□N		1.	Large Qu	antity	Handi 00 kg	er of	Unive	rsal W	laste (you		Υ□]N	□ ¹	. Us If "	ed Oil Transporter 'Yes'', mark all that apply.		
			regulation	ns to c	determ	ine w	hat is	regul	your State ated]. Indicate				- 1	a	. Transporter		
				ypes of universal waste managed at your site. If "\ nark all that apply.		oursite. If te	s.				Ь	. Transfer Facility (at your site)					
			a. Batteri								Υ□]N	□ ²	. Us	ed Oil Processor and/or Re-refiner 'Yes'', mark all that apply.		
			b. Pestici							¬ a	Processor						
			c. Mercur	-	aining e	equip	ment							_			
			d. Lamps											_ 0	. Re-refiner		
			e. Other (f. Other (Υ	ΙN	□ 3	. Off	f-Specification Used Oil Burner		
				r (specify)					Υ 🗆]N	- 4	. Us If "	ed Oil Fuel Marketer 'Yes'', mark all that apply.				
Y□N		2.	 Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity. 					5			a. Marketer Who Directs Shipr Off-Specification Used Oil to Specification Used Oil Burn b. Marketer Who First Claims		Marketer Who Directs Shipment of Off-Specification Used Oil to Off- Specification Used Oil Burner b. Marketer Who First Claims the Use Oil Meets the Specifications				
1																	



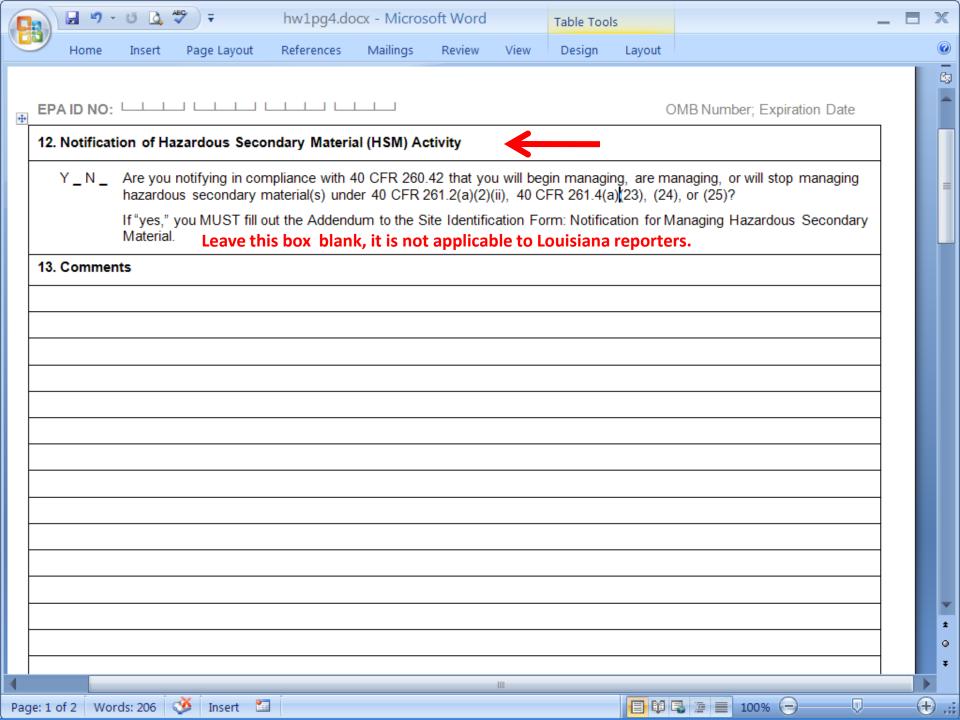


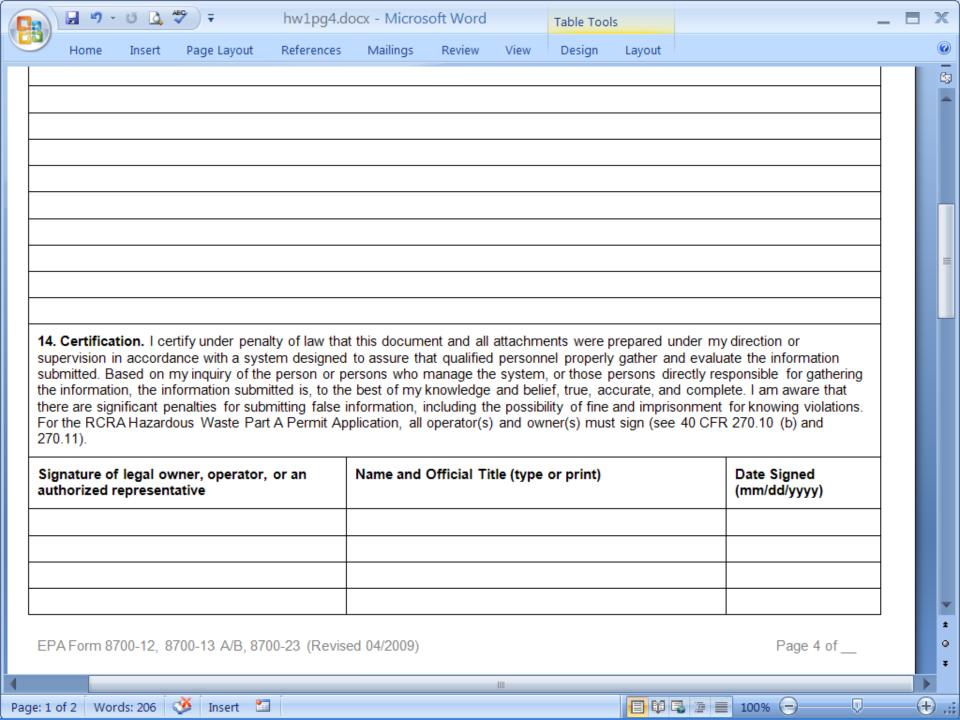
EPA ID Number	r				OMB Number	Expiration Date							
D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K													
 You <u>must</u> check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K 													
1. Opting int	☐ 1. Opting into or currently operating under 40 CFR Part 282 Subpart K for the management of hazardous wastes in laboratories												
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply: a. College or University													
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university													
	c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university												
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories													
	of Hazardous Waste												
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.													
	s for State-Regulate rastes handled at you needed.												
LC	uisiana	aoes no	ot nave	separat	e State								
na na	zardou	s waste	coaes.										
Le	ave this	box bla	ank.										





E	PA ID Number	$oxedsymbol{oxed}$	Ш	$\perp \mid \perp$	\perp	Шμ	\perp	\perp	JL	\perp	_	Ц						OMB Number; Expiration Date
12.	. Notification of I	laza	rdous	Sec	ondan	y Mate	rial (HSN	M) A	ctiv	ity							
Υ	second	dary i	materi	ial und	der 40) CFR 2	61.2	(a)(2	2)(ii)	, 40	CF	R 2	261.4	((a)(2	23), (2	24), o	r (25)	g, or will stop managing hazardous)? for Managing Hazardous Secondary
13.	. Comments	ai						_	_									
								_										
⊢																		
├								_	_									
⊢								_	_									
L																		
L																		
L																		
L																		
L																		
Γ																		
Γ																		
Γ																		
Г								_										
Н								_	_									
14.	14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).																	
Si	ignature of legal o uthorized represer	wne	r, ope ve	rator	, or ar	n	Na	ame	and	d Of	fici	al T	Γitle	(type	e or p	orint)		Date Signed (mm/dd/yyyy)
Γ																		
\vdash							\top	_										





Not applicable to Louisiana reporters – Leave blank.

<u>vot</u>	<u>app</u>	ilcable to Lou	<u>isiana re</u>	JUI LEI 3	<u>- LEav</u>	C Dialin							
PA ID N	umber				OMB Numbe	r; Expiration Date							
	NOTIF	ADDENDUM TO THE SI			'ITY								
efore fill	ling out thi	is section:				•							
	You <u>must</u> check with your State to determine if you are eligible to manage hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25). (See also http://www.epa.gov/epawaste/hazard/dsw/statespf.htm.)												
	 You must be managing hazardous secondary material, which is secondary material (e.g., spent material, by-product, or sludge) that when discarded, would be identified as hazardous waste under 40 CFR Part 261. Do not include any information regarding your hazardous wastes in this section. 												
N C	You must submit a completed Site Identification Form, including this Addendum, prior to operating under the exclusion(s) and by March 1 of each even-numbered year thereafter to your regulatory authority using the Site Identification Form as pursuant to 40 CFR 260.42. Persons who must staisfy this notification requirement can submit information at the same time as their Biennial Report (which is also due by March 1 of each even-numbered year).												
0	If you stop managing hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must also submit a completed Site Identification Form, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.												
. Indicate reason for notification. Include dates where requested.													
	☐ Notifying that the facility <u>will begin manage</u> hazardous secondary material as of(mm/dd/yyyy).												
Re-notifying that the facility is still managing hazardous secondary material.													
☐ Notifying that the facility <u>has stopped managing</u> hazardous secondary material as of(mm/dd/yyyy).													
descri	be your had	azardous secondary material (HSN zardous secondary material activity <u>O</u> ditional pages if more space is neede	NLY (do not include any i	appropriate codes ar nformation regarding	id quantities in s your hazardous	short tons to wastes in this							
(answe	ted in the section of	b. Waste code(s) for hazardot secondary material (HSM)	us c. Estimated s tons of HSM t managed anno	o be of HSM to	that was during the (a ent odd-	. Land-based unit code answer using codes listed in the Code List section of the instructions)							
		ncial assurance pursuant to 40 CFI lities managing hazardous secondary				ers and							

Y N Does this facility have financial assurance pursuant to 40 CFR 281 Subpart H?



Section 10D and Section 12 of the Subtitle C Site Identification Form and the Addendum to the Subtitle C Site Identification Form are not applicable fields for Louisiana reporters and should be left blank.

Notification Form Contact



Malcolm McNabb

malcolm.mcnabb@la.gov

(225) 219-3244



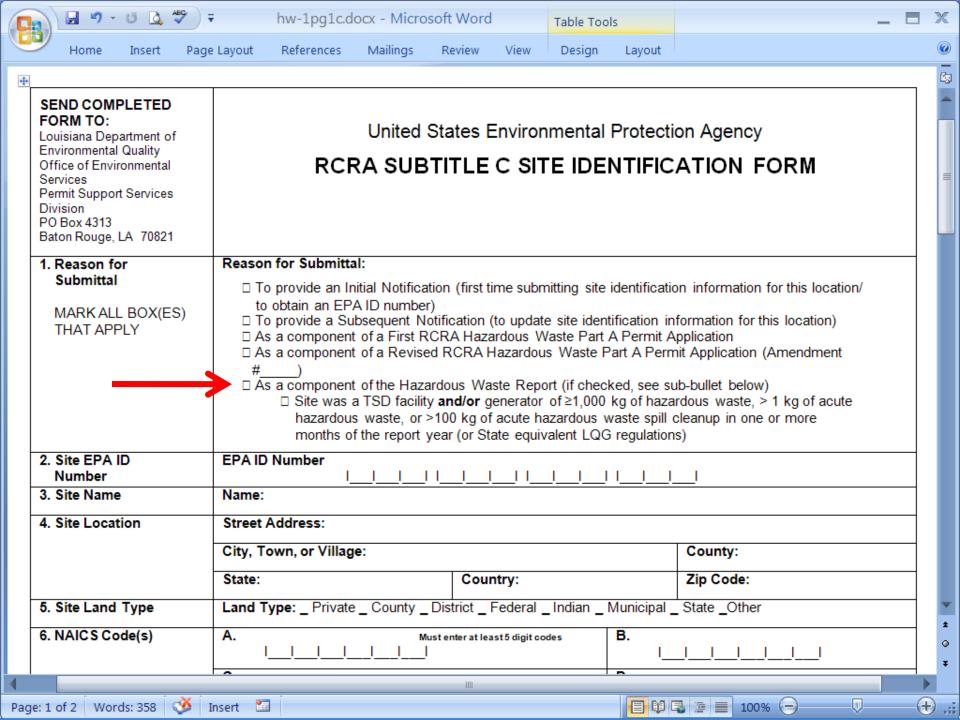


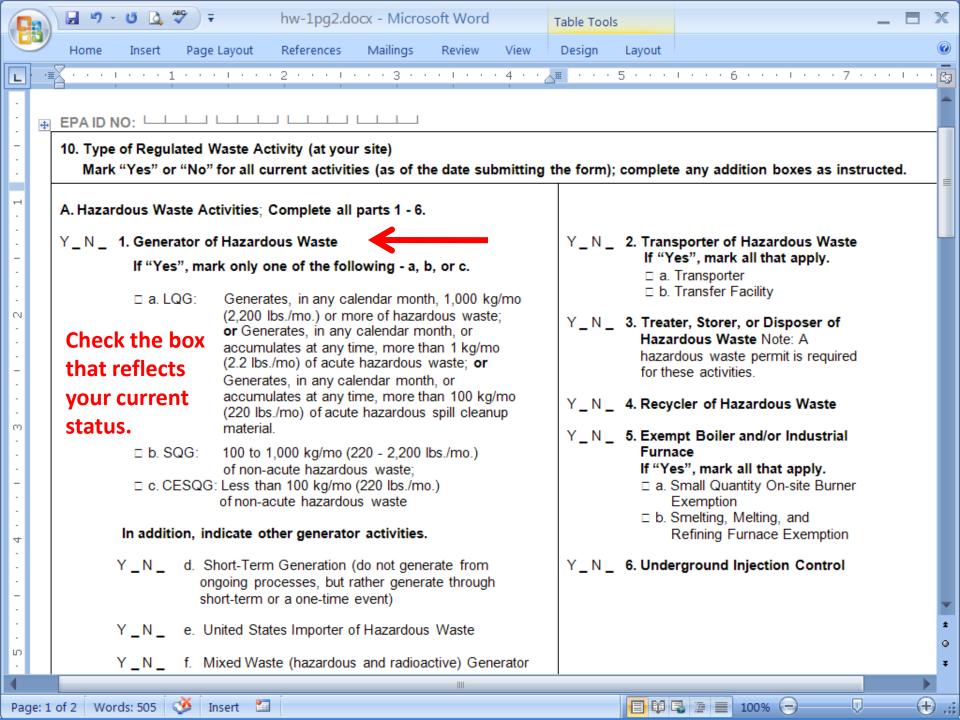




RCRA Subtitle C Site

Identification Form







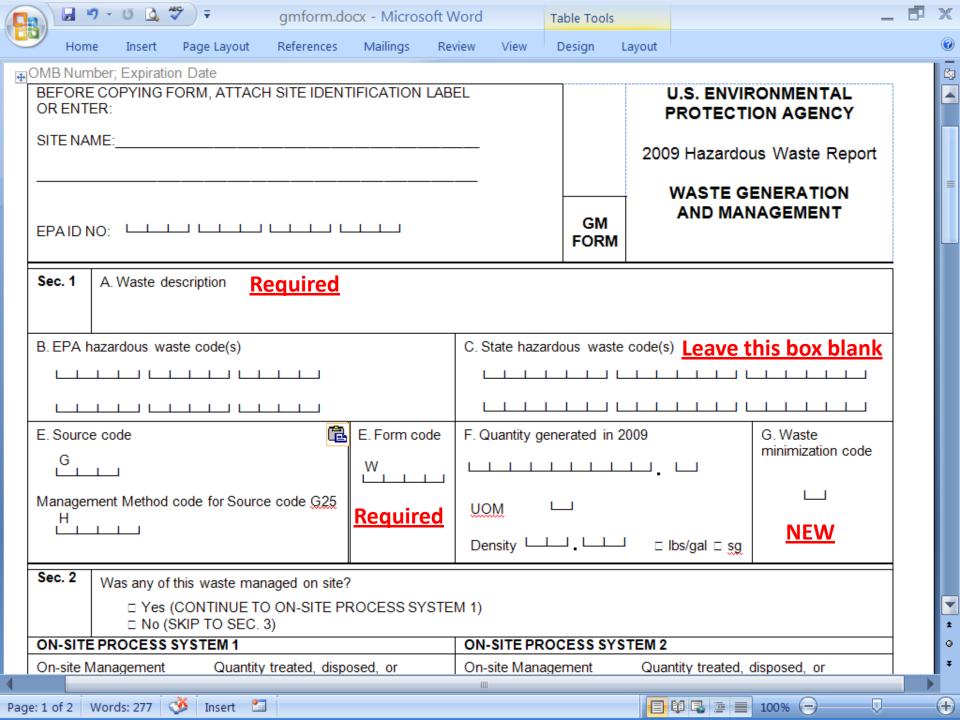
Generation and

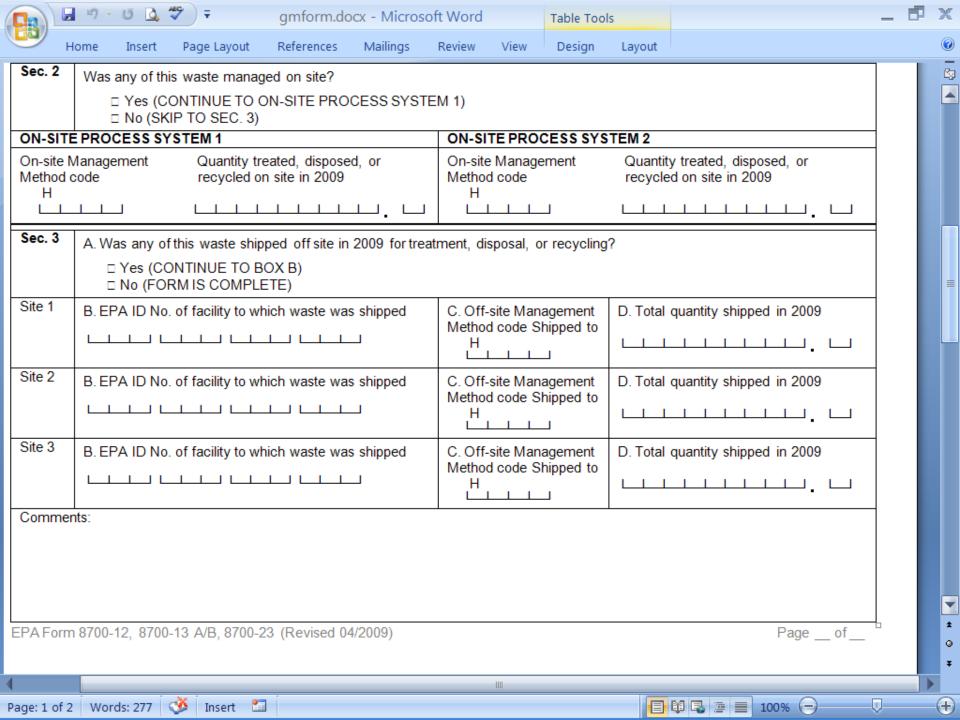
Management (GM) Form

Changes to the 2009 GM and WR Form



All fields, except the State Waste Code field, must be completed on the Generation and Management (GM) form and the Waste Received from Off Site(WR) form.





Changes to the 2009 GM Form



Waste Minimization was not attempted or was unsuccessful.

X - No Waste Minimization efforts were implemented for this waste.

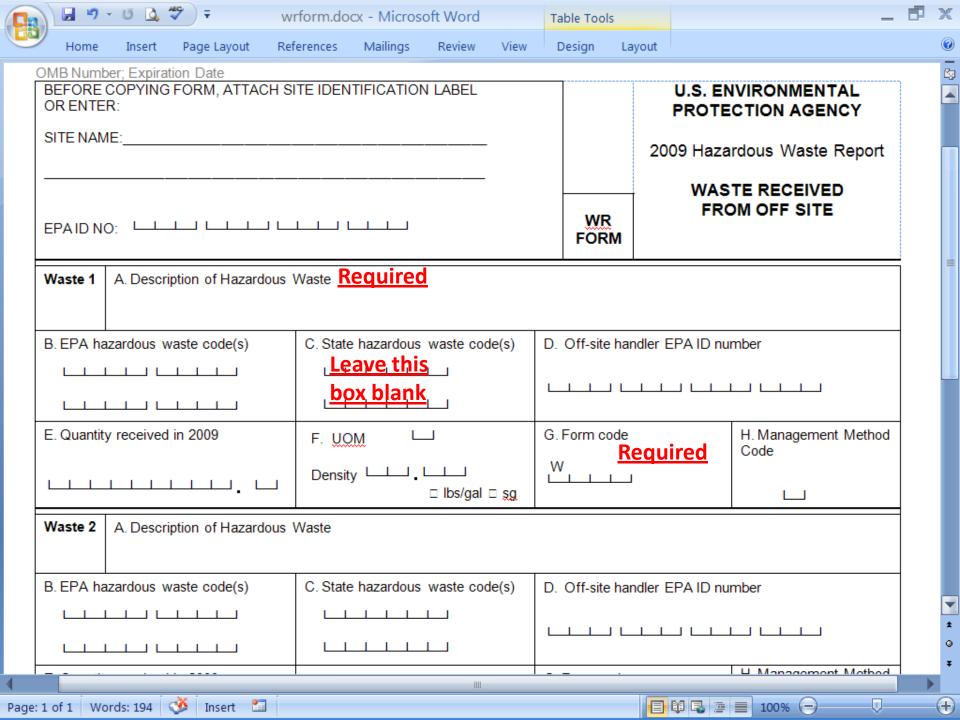
<u>N</u> - Waste Minimization efforts were unsuccessful in reducing quantity or toxicity.

Changes to the 2009 GM Form



Waste Minimization was attempted and was successful.

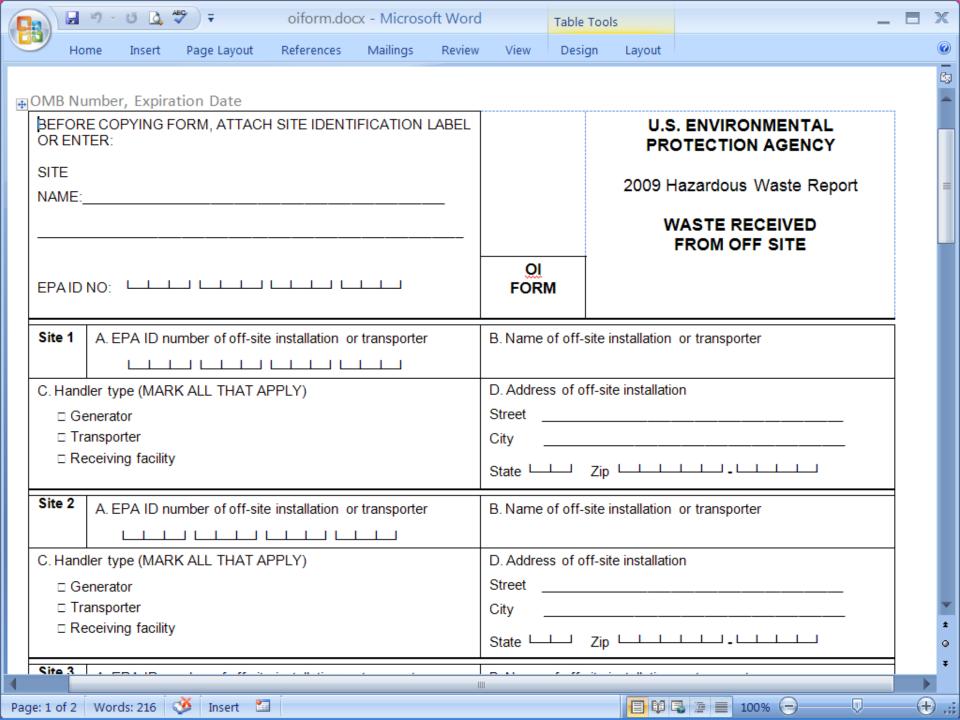
- S Began to ship waste off-site for recycling
- R Recycling on-site was implemented and was successful.
- Y Waste minimization was implemented and was successful in reducing quantity and/or toxicity.



Changes to the 2009 Off-Site Identification (OI) Form



Federal Regulations, 40 CFR 262.41(3)&(4), require that the Off-Site Identification form be completed and submitted with the 2009 Hazardous Waste Report.

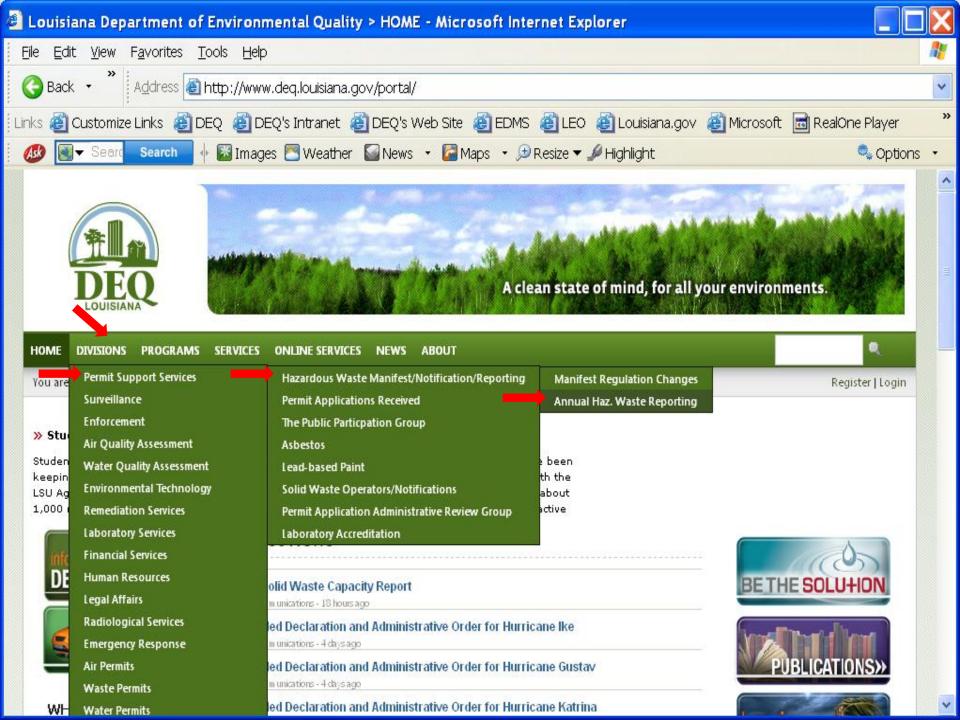


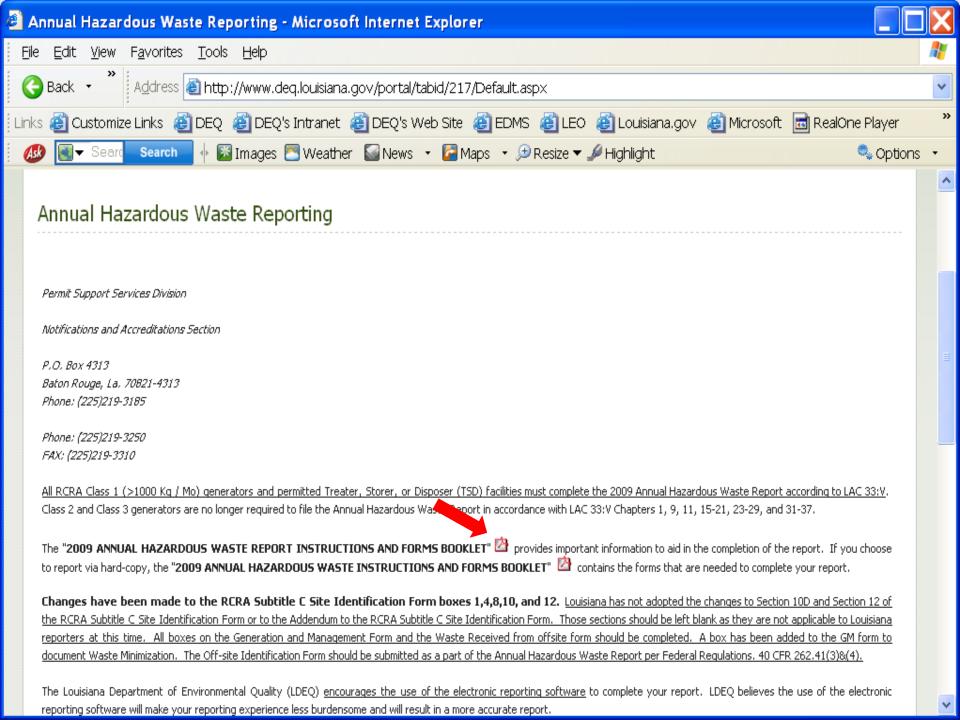


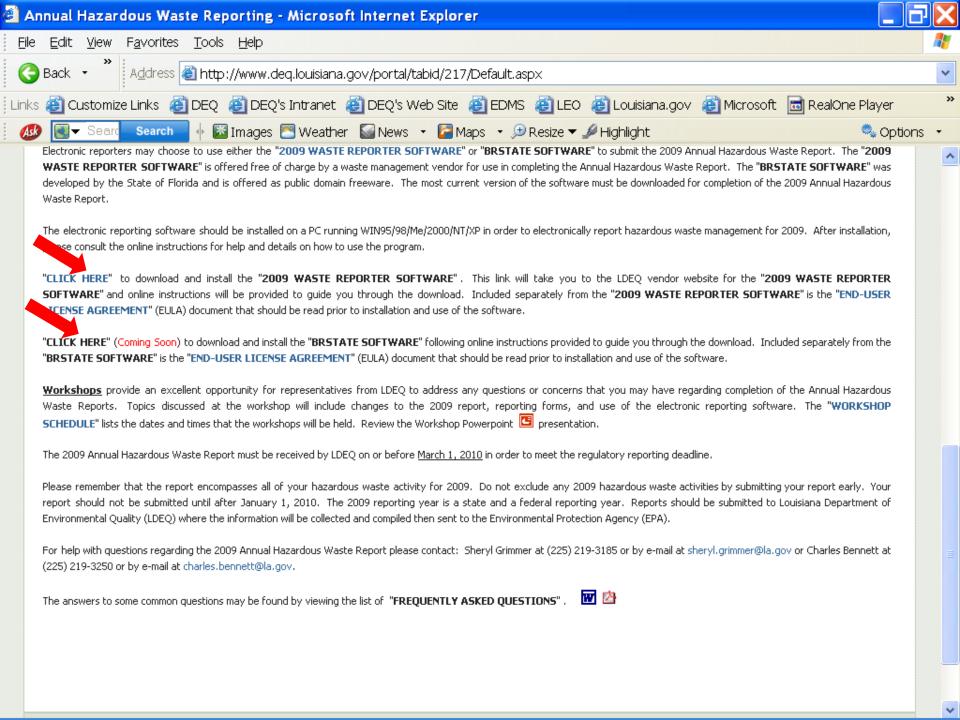
Electronic Reporting Software

Download the 2009 version from the LDEQ website at

http://www.deq.louisiana.gov/portal/tabid/217/Default.aspx

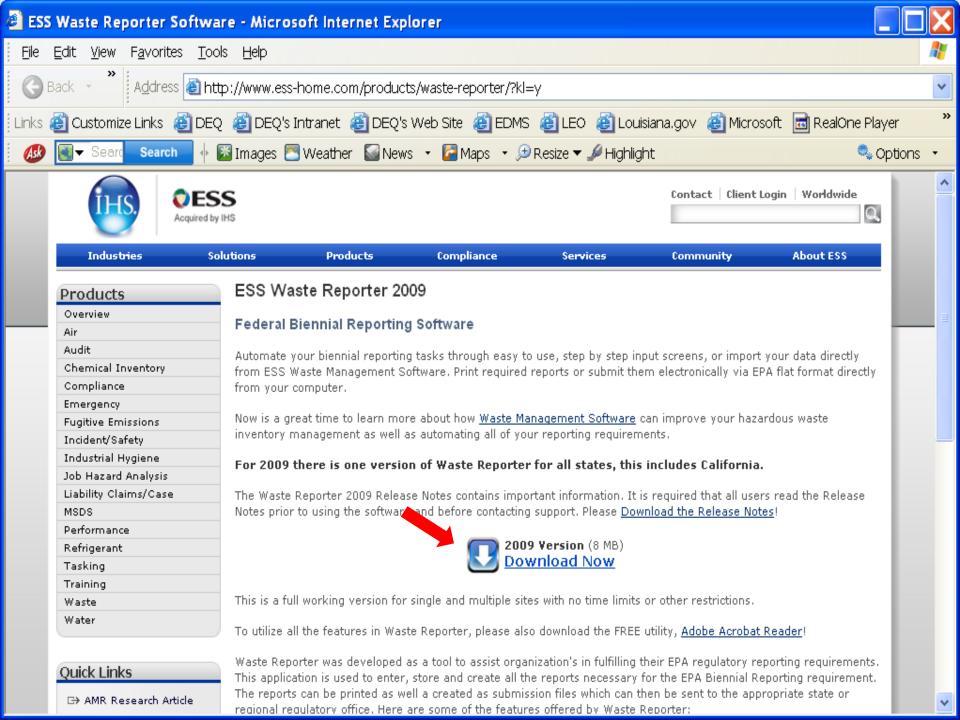


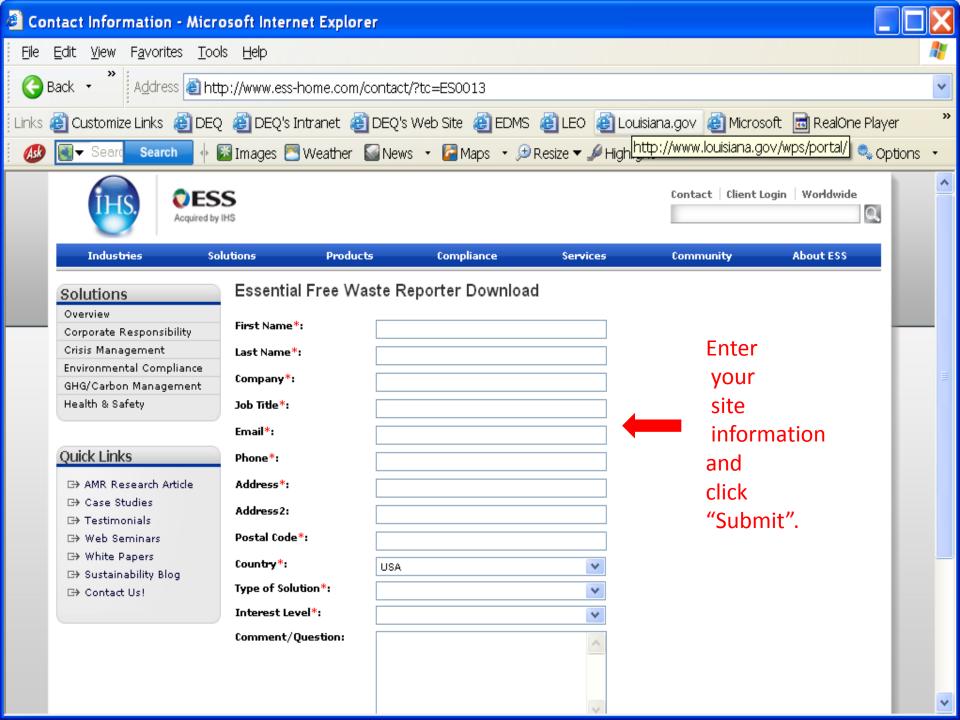


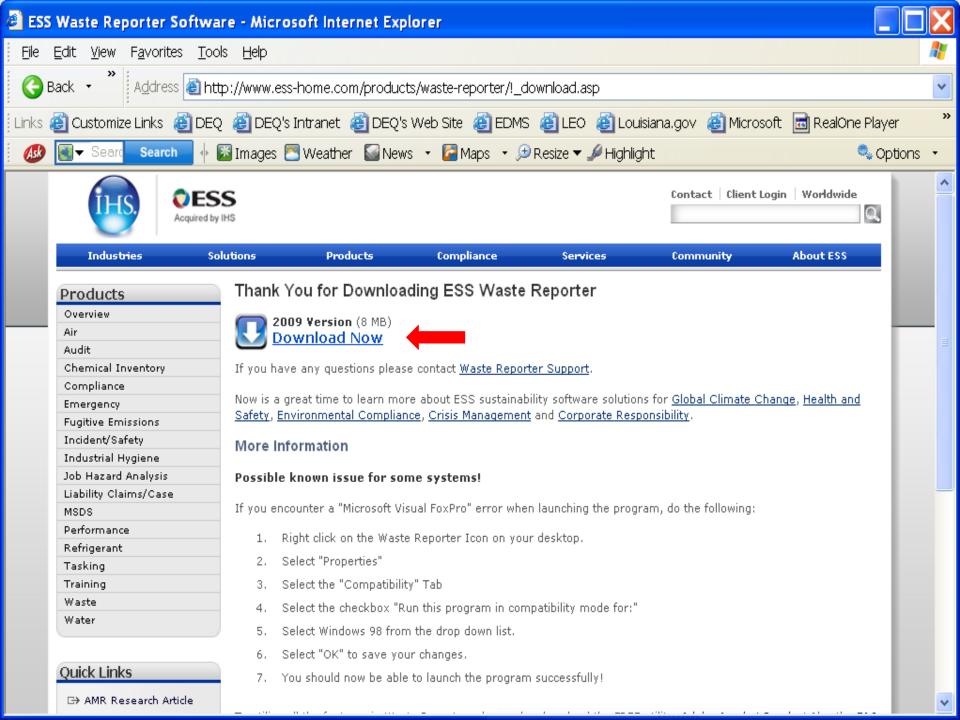


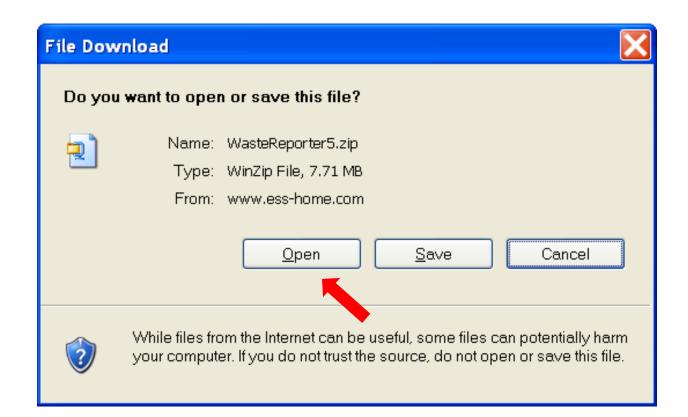


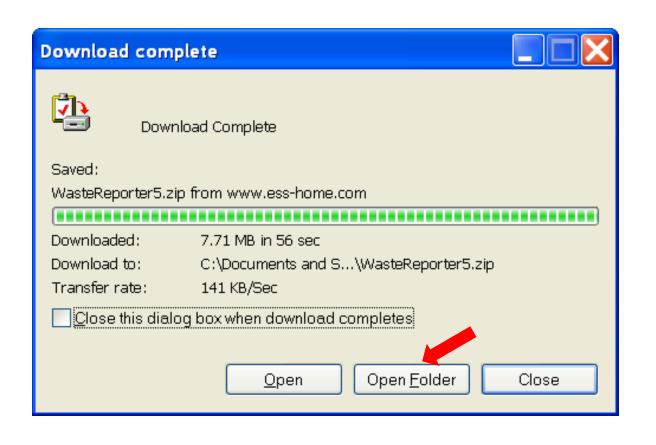


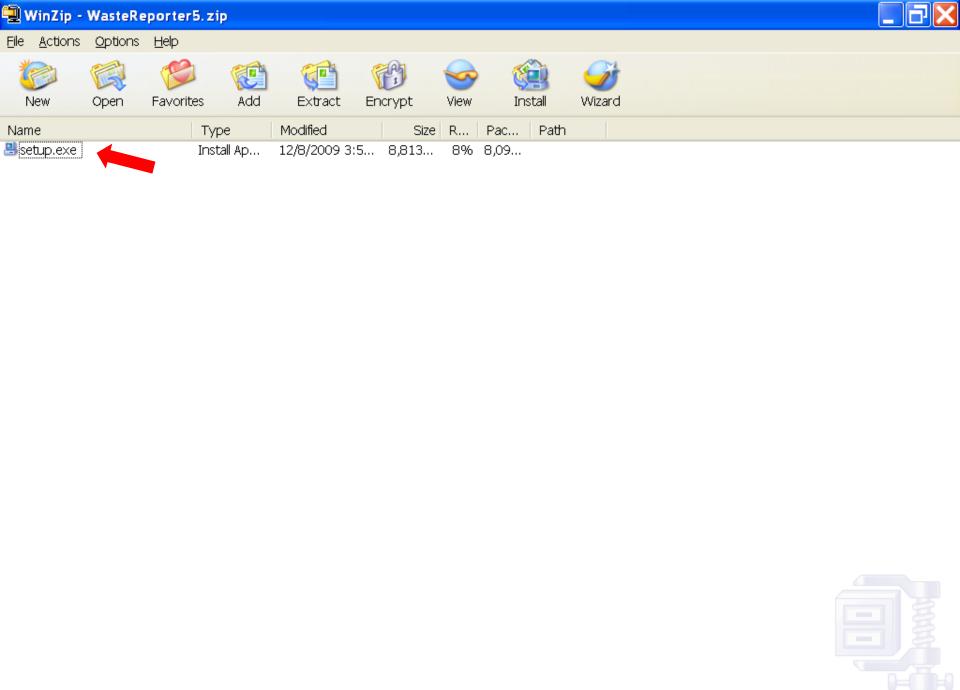




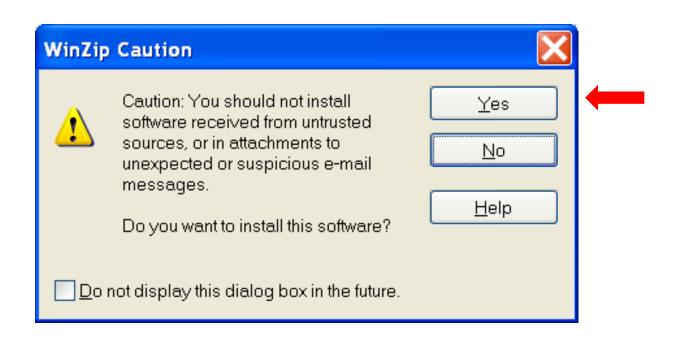


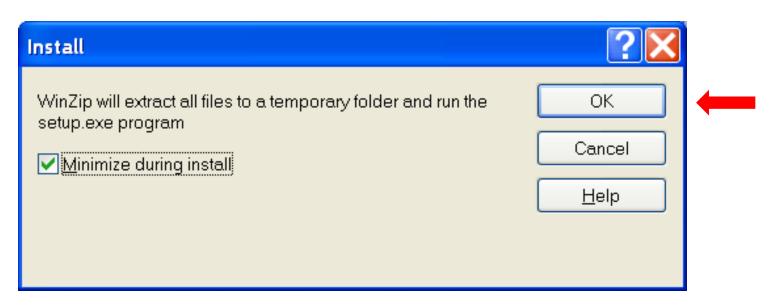














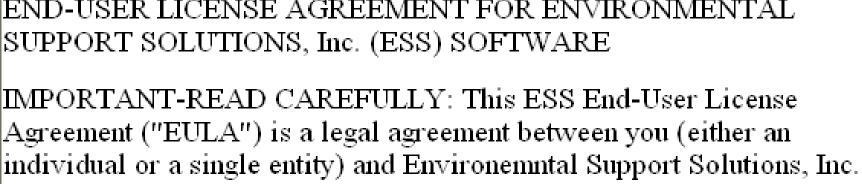


InstallShield

< <u>B</u>ack

 \underline{N} ext >

Cancel

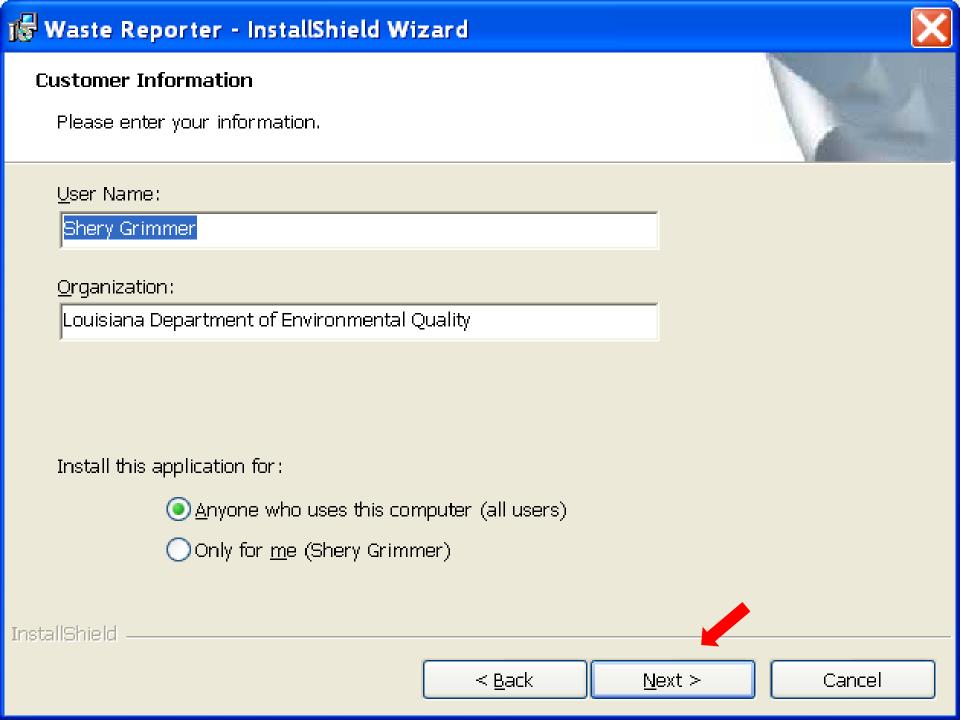


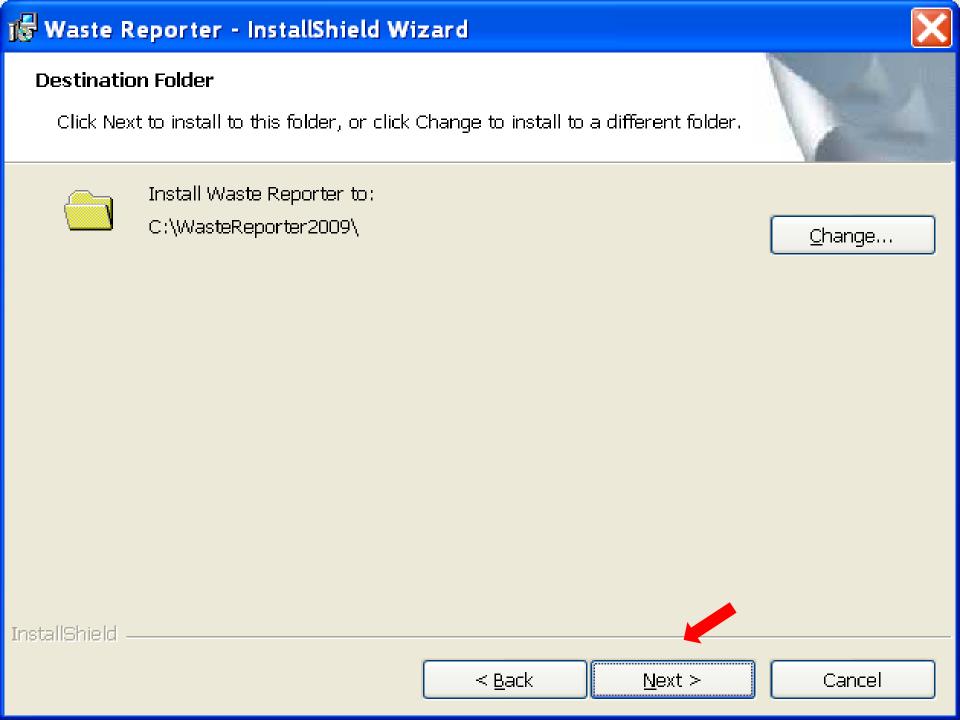
(ESS) for the ESS software product identified above, which includes computer software and may include associated media, printed materials, and "online" or electronic documentation ("SOFTWARE DDODUCTO Decinatelling consider or otherseign using the

I accept the terms in the license agreement

I do not accept the terms in the license agreement

InstallShield ≺ Back Cancel Next >







Ready to Install the Program

The wizard is ready to begin installation.

If you want to review or change any of your installation settings, click Back. Click Cancel to exit the wizard.

Current Settings:

Setup Type:

Typical

Destination Folder:

C:\WasteReporter2009\

User Information:

Name: Shery Grimmer

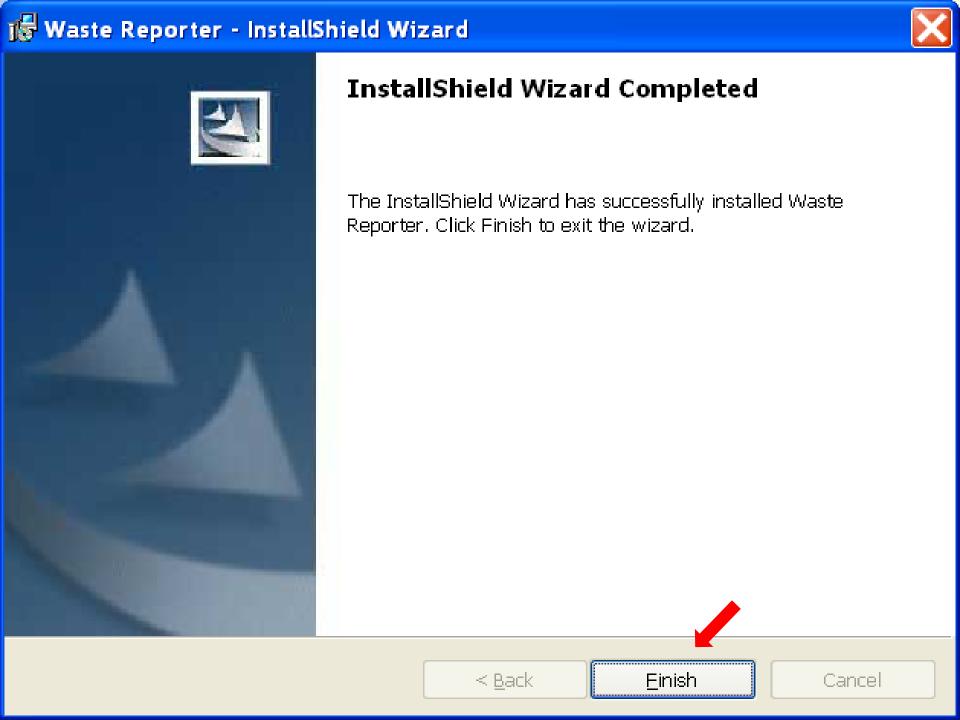
Company: Louisiana Department of Environmental Quality

InstallShield

< <u>B</u>ack

Install

Cancel



















INDUSTRIAL PSSD - Link to WASTE CO... Web Conte...



















1. Import From WMS

(Optional, not required)

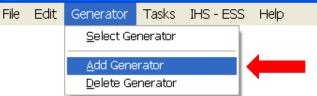
- 2. Direct Form Entry
- 3. Validate Data
- 4. Print Forms
- 5. Create Submission Files













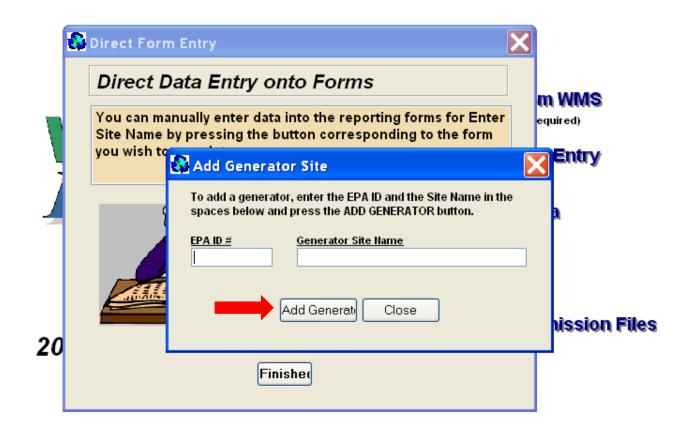
1. Import From WMS

(Optional, not required)

- 2. Direct Form Entry
- 3. Validate Data
- 4. Print Forms
- 5. Create Submission Files















1. Import From WMS

(Optional, not required)

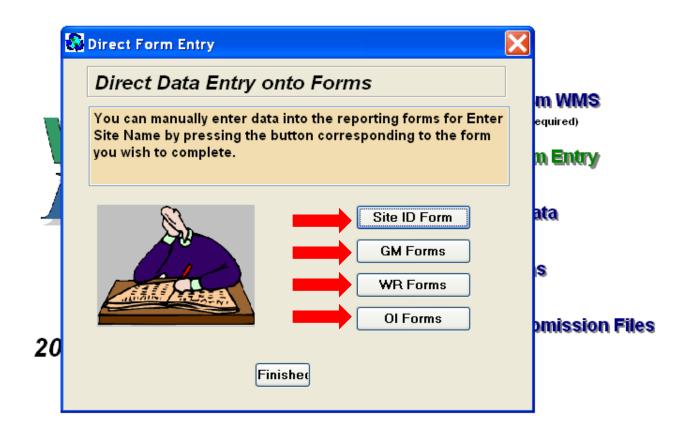
2. Direct Form Entry



- 3. Validate Data
- 4. Print Forms
- 5. Create Submission Files











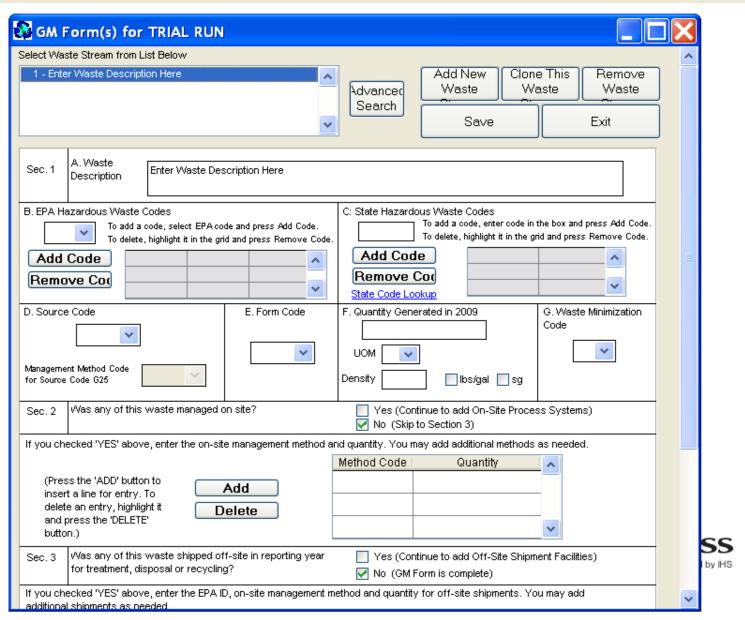


RCRA SUBTITLE C SITE IDENTIFICATION FORM A. Reason for Submittal: To provide initial notification of Regulated Waste Activity (to obtain an EPA ID Number) To provide subsequent notification of Regulated Waste Activity (to obtain an EPA ID Number) To provide subsequent notification of Regulated Waste Activity (to update site ID information) As a component of a First RCRA Hazardous Waste Permit Application As a component of a Revised RCRA Hazardous Waste Permit Application (Amendment #) As a component of the Hazardous Waste Report (if checked, see sub-bullet below) Site was a TSD facility and/or generator of > 998 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spil cleanup in one or more months of the report year (or State equivalent LGG regulations) EPA ID Humber: Site Hame:	Site ID form f	for
A. Reason for Submittal: To provide initial notification of Regulated Waste Activity (to obtain an EPA ID Number) To provide subsequent notification of Regulated Waste Activity (to update site ID information) As a component of a First RCRA Hazardous Waste Permit Application (Amendment #) As a component of a Revised RCRA Hazardous Waste Permit Application (Amendment #) As a component of the Hazardous Waste Report (if checked, see sub-bullet below) Site was a TSD facility and/or generator of > 999 kg of hazardous waste, > 1kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) EPA ID Humber:	age 1 Page 2	Page 3 Page 4 Exit
To provide initial notification of Regulated Waste Activity (to obtain an EPA ID Number) To provide subsequent notification of Regulated Waste Activity (to update site ID information) As a component of a First RCRA Hazardous Waste Permit Application As a component of a Revised RCRA Hazardous Waste Permit Application As a component of the Hazardous Waste Report (if checked, see sub-bullet below) Site was a TSD facility and/or generator of > 999 kg of hazardous waste, > 1kg of acute hazardous waste, or > 100 kg of acute hazardous waste split cleanup in one or more months of the report year (or State equivalent LGG regulations) EPA ID Humber: Site Hame: Site Hame: City/Town/Village: Country: United States Zip Code: Site Land Type: Private County District Federal Tribal Municipal State Other MAICS Code(s) for the site C. D. Site City/Town/Village: Mailing Address City/Town/Village: Mailing State: Vinted States Last Hame: Contact First Hame: Contact Title: Street or P.O. Box:		RCRA SUBTITLE C SITE IDENTIFICATION FORM
To provide subsequent notification of Regulated Waste Activity (to update site ID information) As a component of a First RCRA Hazardous Waste Permit Application As a component of a Revised RCRA Hazardous Waste Permit Application (Amendment #) As a component of the Hazardous Waste Report (if checked, see sub-build below) Site was a TSD facility and/or generator of > 999 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) EPA ID Number: Site Hame: Street Address of Site: CRy/Town/Village: Country: United States Zip Code: Site Land Type: Private County District Federal Tribal Municipal State Other NAICS Code(s)	A. Reason for Subi	mittal:
As a component of a First RCRA Hazardous Waste Permit Application As a component of a Revised RCRA Hazardous Waste Permit Application (Amendment #) As a component of the Hazardous Waste Report (if checked, see sub-bullet below) Site was a TSD facility and/or generator of > 999 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LGG regulations) EPA ID Humber: Site Hame: Street Address of Site: City/Town/Village: Country: United States Zip Code: Site Land Type: Private County District Federal Tribal Municipal State Other INAICS Code(s) for the site C. B. B. C. B. B. Mailling Address of Site: City/Town/Village: Mailing Country: United States Zip Code: Contact First Name: Contact Title: Street or P.O. Box:	To provide ini	nitial notification of Regulated Waste Activity (to obtaiin an EPA ID Number)
As a component of a Revised RCRA Hazardous Waste Pernit Application (Amendment #) As a component of the Hazardous Waste Report (if checked, see sub-bullet below) Site was a TSD facility and/or generator of > 999 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) EPA ID Humber: Site Hame: Site Hame: City/Town/Village: Country: United States City/Town/Village: A. C. B. C. D. Mailing Address of Site: City/Town/Village: Mailing Country: United States Contact First Hame: Contact First Hame: Contact Title: Street or P.O. Box:	To provide su	ubsequent notification of Regulated Waste Activity (to update site ID information)
As a component of the Hazardous Waste Report (if checked, see sub-bullet below) Stee was a TSD facility and/or generator of > 999 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) Stee Hame:		
Site was a TSD facility and/or generator of > 999 kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) EPA ID Humber: Site Name: Site Hame: City/Town/Village: Country:		
of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) EPA ID Humber: Site Hame: Site Hame: City/Town/Village: Country: United States Zip Code: Site Land Type: Private Country District Federal Tribal Municipal State Other HAICS Code(s) For the site City/Town/Village: Mailing Address City/Town/Village: Mailing Country: United States Zip Code: City/Town/Village: Mailing Country: United States Site Land Type: Private Country District Federal Tribal Municipal State Other Mailing Address City/Town/Village: Mailing Address City/Town/Village: Mailing Country: United States Mil: Last Hame: Contact Title: Street or P.O. Box:		
Site Hame: Street Address of Site: City/Town/Village: Country: United States Country: United States Zip Code: Site Land Type: Private County District Federal Tribal Municipal State Other MAICS Code(s) for the site C. D. D. Mailing Address of Site: City/Town/Village: Mailing Country: UNITED STATES Milling Country: UNITED STATES Street or P.O. Box:	of acute	hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)
Street Address of Site: City/Town/Village: State:	PA ID Number:	
Street Address of Site: City/Town/Village: State:	Site Hame:	
of Site: City/Town/Village: State: Country: Country:		
State: Country: United States Site Land Type: Private County District Federal Tribal Municipal State Other MAICS Code(s) For the site C. D. C. Mailing Address of Site: City/Town/Village: Mailing State: Contact First Hame: MI: Last Hame: Street or P.O. Box:		
State: Country: United States Site Land Type: Private County District Federal Tribal Municipal State Other MAICS Code(s) For the site C. D. C. Mailing Address of Site: City/Town/Village: Mailing State: Contact First Hame: MI: Last Hame: Street or P.O. Box:		
Site Land Type: Private County District Federal Tribal Municipal State Other NAICS Code(s) A. B. C. D. Mailing Address of Site: City/Town/Village: Mailing State: Mailing Country: UNITED STATES V Zip Code: Contact First Name: MI: Last Name: Street or P.O. Box:	City/Town/Village:	County:
MAICS Code(s) for the site C. D. Mailing Address of Site: City/Town/Village: Mailing Country: UNITED STATES Mi: Last Hame: Contact Title: Street or P.O. Box:	State: 🔻 🗸 C	Country: United States Zip Code:
for the site C. D. Mailing Address of Site: City/Town/Village: Mailing Country: UNITED STATES V Zip Code: Contact First Hame: Contact Title: Street or P.O. Box:	Site Land Type:	Private County District Federal Tribal Municipal State Other
Mailing Address of Site: City/Town/Village: Mailing Country: UNITED STATES V Zip Code: Contact First Name: Contact Title: Street or P.O. Box:		A. B. G
of Site: City/Town/Village: Mailing State: Mailing Country: UNITED STATES Zip Code: Contact First Name: Contact Title: Street or P.O. Box:	for the site	C. D
Mailing Country: UNITED STATES Zip Code: Contact First Name: Contact Title: Street or P.O. Box:	-	
Contact First Name: MI: Last Name: Contact Title: Street or P.O. Box:	City/Town/Village:	Mailing State:
Contact Title: Street or P.O. Box:	Mailing Country:	UNITED STATES Zip Code:
Street or P.O. Box:		e: Last Name:
	Contact First Name	
City/Town/Village: Contact State:		
	Contact Title:	

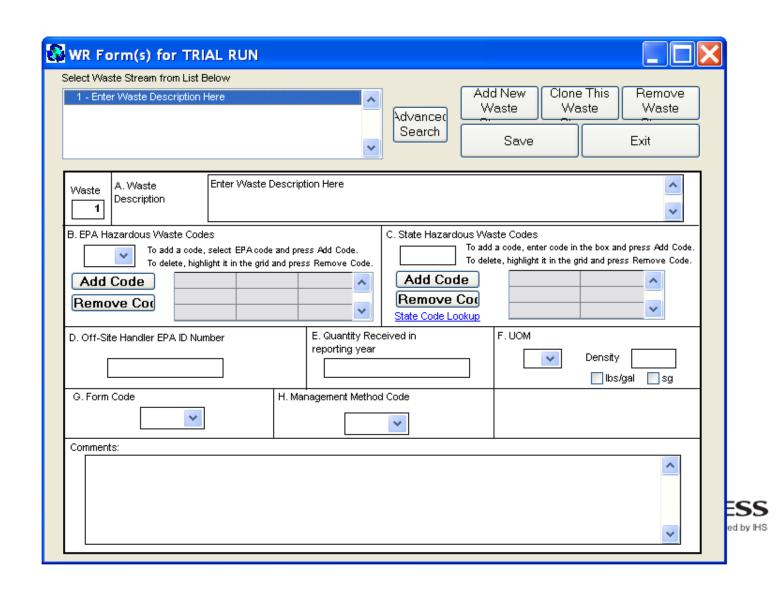


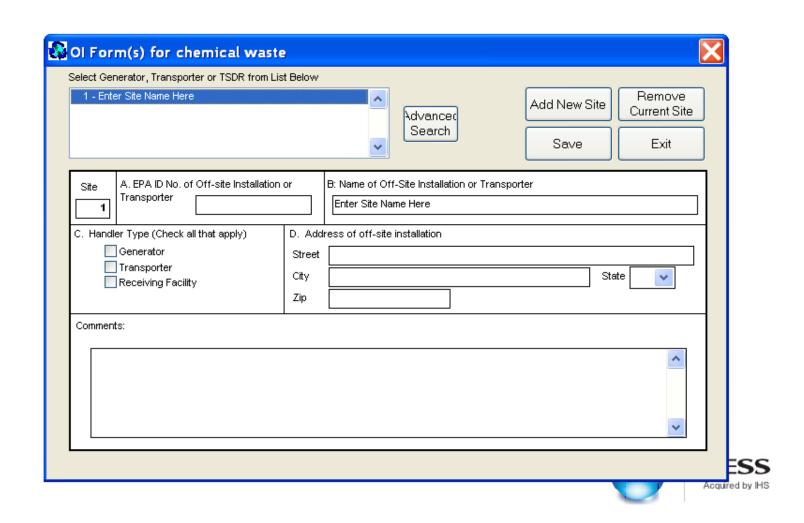


<u>File Edit G</u>enerator <u>T</u>asks <u>I</u>HS-ESS <u>H</u>elp













1. Import From WMS

(Optional, not required)

- 2. Direct Form Entry
- 3. Validate Data

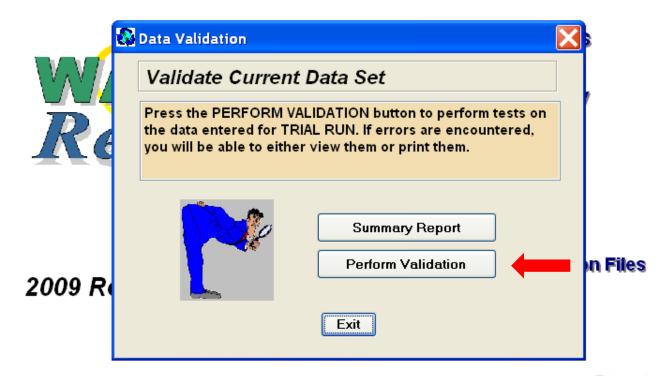


- 4. Print Forms
- 5. Create Submission Files



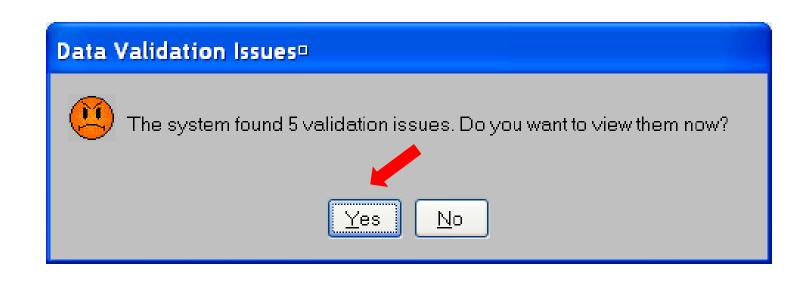




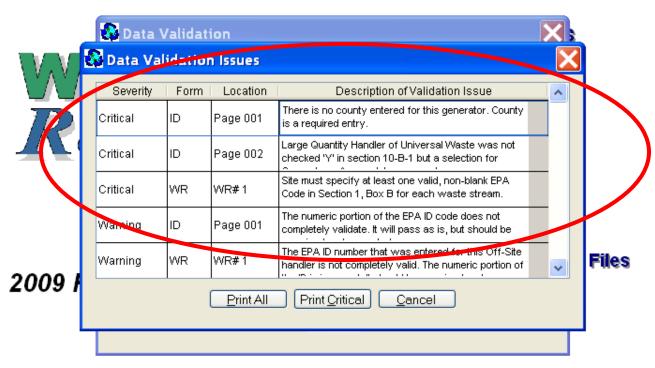












Critical errors <u>MUST</u> be corrected before the submission file may be created.





Success



Congratulations. The validation process has completed successfully and no warnings or critical errors were issued.







1. Import From WMS

(Optional, not required)

- 2. Direct Form Entry
- 3. Validate Data
- 4. Print Forms



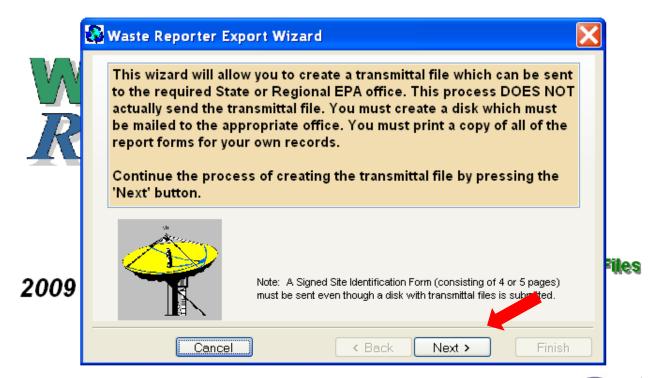
5. Create Submission Files







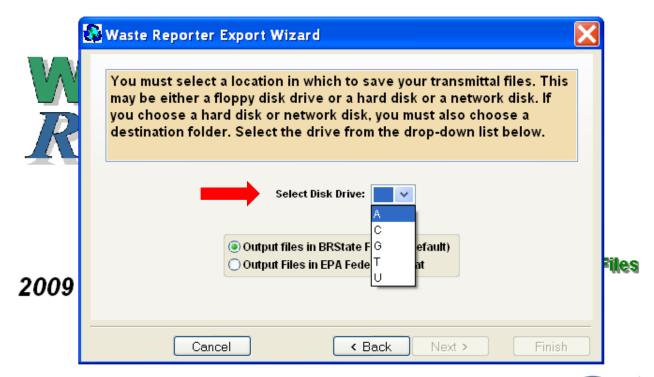






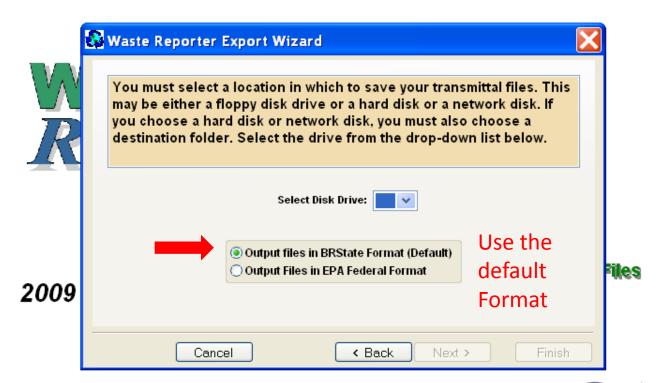






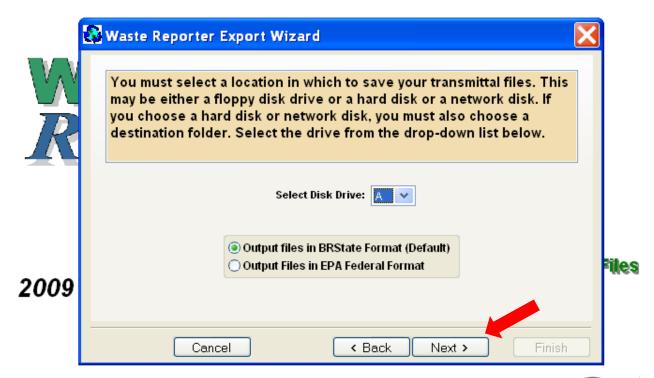






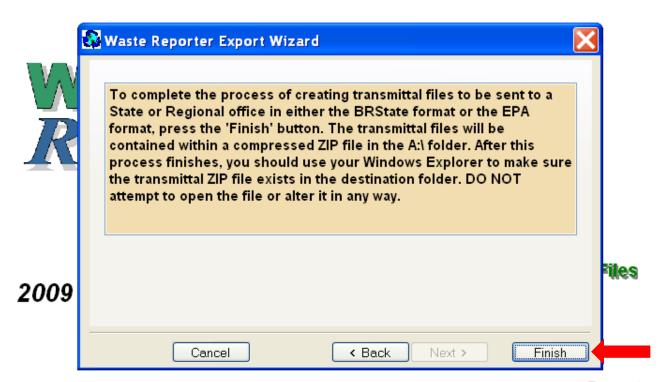






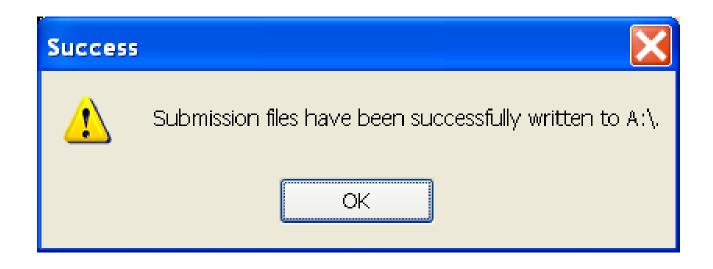


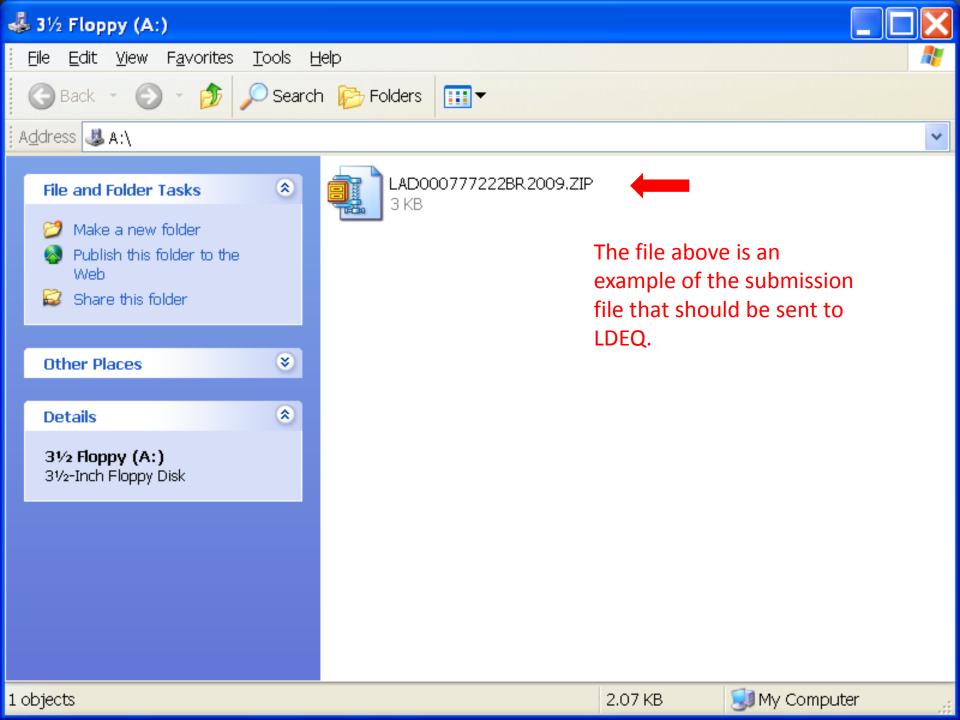
















Open File - Security Warning



The publisher could not be verified. Are you sure you want to run this software?

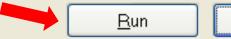


Name: webBR2009.exe

Publisher: Unknown Publisher

Type: Application

From: \\Alpha_nt\envasst\CAT\HW_AR_ARCHIVE\LAR_2009



Cancel

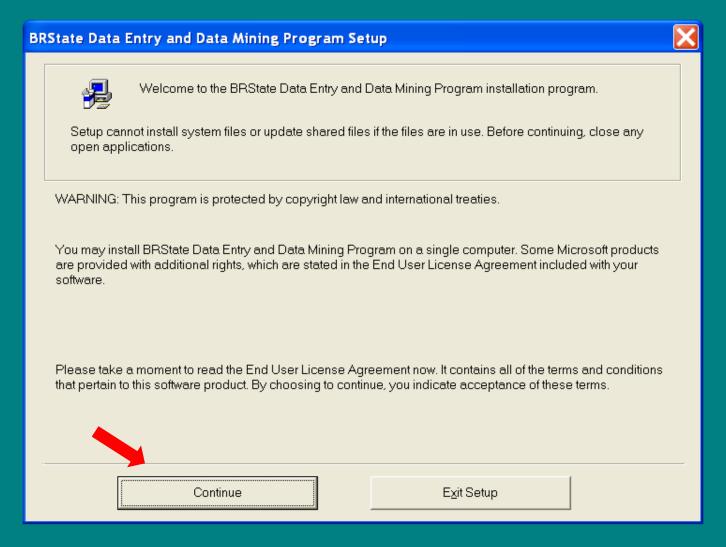
✓ Al<u>w</u>ays ask before opening this file



This file does not have a valid digital signature that verifies its publisher. You should only run software from publishers you trust. How can I decide what software to run?

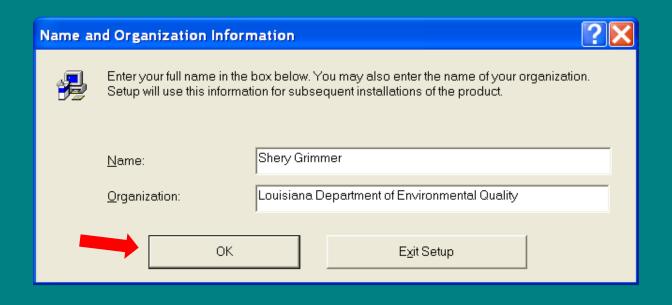


The End User License Agreement may be found on the LDEQ website at http://www.deq.louisiana.gov/portal/tabid/217/Default.aspx.



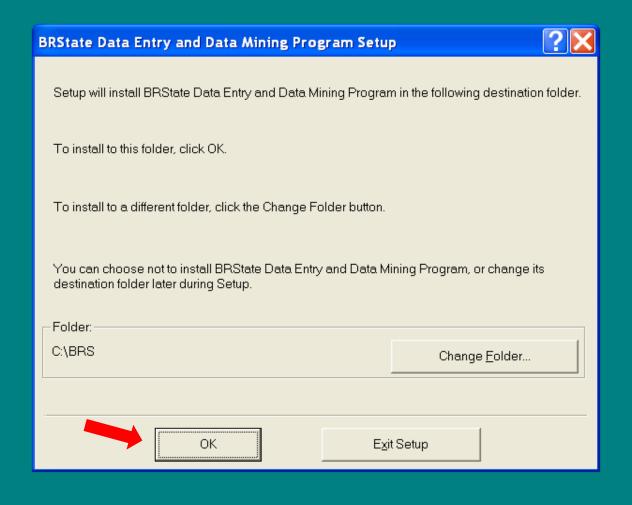






















🔀 BRState Data Entry, Translation, and Reporting System





RCRA Biennial Hazardous Waste Report Data



Reporter version

?

Preparing a report to submit to your State? Click each of these buttons starting at the top.

Prepare Your Report(s)

Check Your Submission for Errors

Print Your Report (SI required)

Create Your Electronic Report Disk

Want to analyze or report on your data?

Summaries and FOIA Reports, WR lists

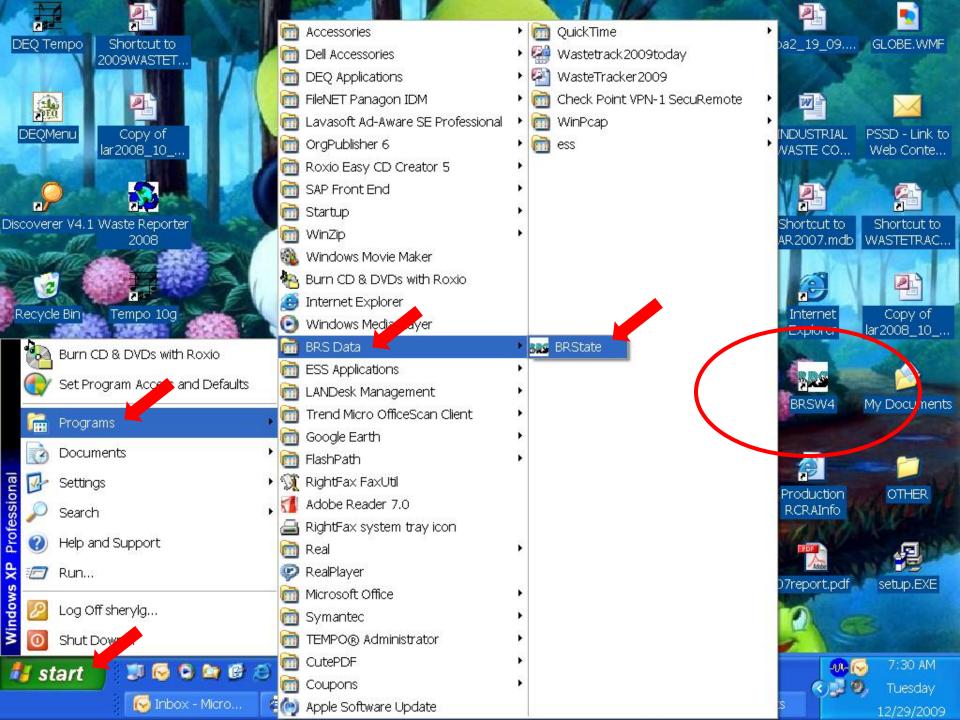
Counts of Reporters/Wastes/Etc.

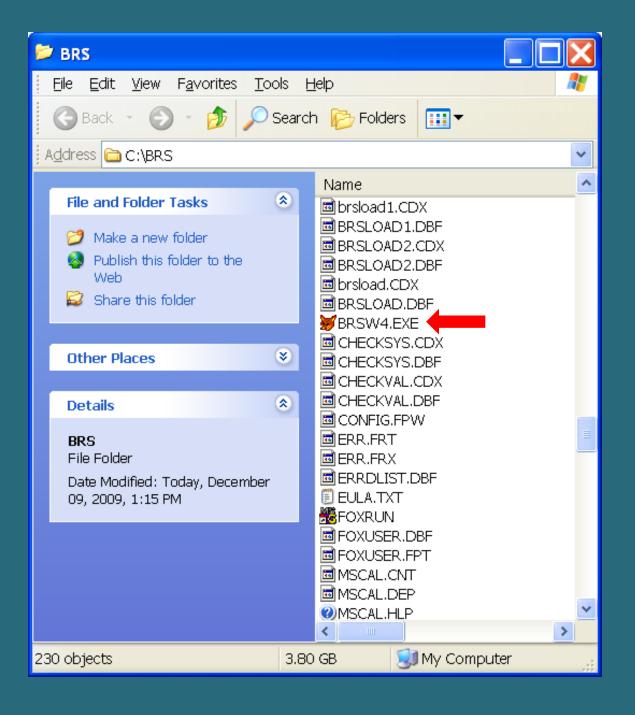
Lists of GenerationTotals by Handler













👪 BRState Data Entry, Translation, and Reporting System





RCRA Biennial Hazardous Waste Report Data



Reporter version

Preparing a report to submit to your State? Click each of these buttons starting at the top. Prepare Your Report(s)

Check Your Submission for Errors

Print Your Report (SI required)

Create Your Electronic Report Disk

Want to analyze or report on your data? Summaries and FOIA Reports, WR lists Counts of Reporters/Wastes/Etc. Lists of GenerationTotals by Handler





Start a NEW Report Change an existing Report Help

Enter or select the reporting site's EPA ID Number

To create a new report, enter the Site EPA ID Number below. To edit an existing report enter the Site EPA ID Number or choose the number from the list of existing reports.

For a new report, enter the name of the site below. For an existing report, chose the ID and the name will be displayed to change if desired. Check the checkboxes below to indicate what you will be reporting later.

Fill in the forms as required, using the Next and Check boxes to proceed. The checkboxes below will determine which forms are displayed.

For this report year: |2009 ▼ New |

Enter a new report Site EPA ID Number here: SSX000000000

Enter the reporting Site's Name: ENTER THE SITE NAME HERE

In any one month of the report year, did this Site: (check all that apply)

- ☑ Generate more than 1000 kg (1kg acute) of RCRA Hazardous Waste On-Site (LQG)
- ▼ Ship RCRA Hazardous Waste Off-Site to be Managed (Usually by a TSDR Facility).
- Treat/Dispose/Recycle RCRA Hazardous Waste On-Site (May Require a PERMIT).
- Receive RCRA Hazardous Waste from Off-Site (Usually for Commercial TSDRs only)

Discard/Quit

Next ->

Enter or select the reporting site's EPA ID Number

Discard/Quit

To create a new report, enter the Site EPA ID Number below. To edit an existing report enter the Site EPA ID Number or choose the number from the list of existing reports.

For a new report, enter the name of the site below. For an existing report, chose the ID and the name will be displayed to change if desired. Check the checkboxes below to indicate what you will be reporting later.

For this report year: |2009

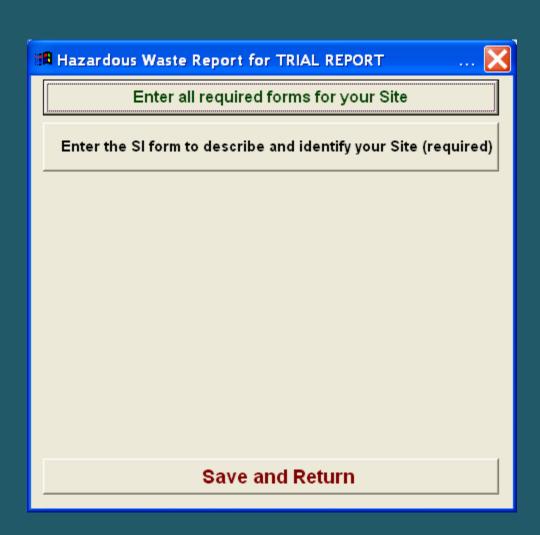
Next ->

New

Fill in the forms as required, using the Next and Check boxes to proceed. The checkboxes below will determine which forms are displayed.

Enter a new report Site EPA ID Number here: LAD000777201

Enter a new report Site EPA ID Number here: LAD000777201								
		the forms						
Ent	ter the reporting Site's Name: TRIAL							
In any one month of the report year, did this Site: (check all that apply)								
	☑ Generate more than 1000 kg (1kg acute) of RCRA Hazardous Waste On-Site (LQC	3)						
	☑ Ship RCRA Hazardous Waste Off-Site to be Managed (Usually by a TSDR Facility	()						
	☐ Treat/Dispose/Recycle RCRA Hazardous Waste On-Site (May Require a PERMIT)							
	Receive RCRA Hazardous Waste from Off-Site (Usually for Commercial TSDRs only)							



Enter the reporting Site's Name: TRIAL REPORT

Why are you Submitting This Hazardous Waste Report? Are you also using this form as a Subsequent Notification of Regulated Waste Activity (old form 8700-12)?

- ✓ As a component of the Biennial RCRA Hazardous Waste Report (old form 8700-13)
- ▼ To provide Subsequent Notification of Regulated Waste Activity (required)
- ▼ This is a Federal Required Report (this site was an EPA TSD or LQG in the report year).

What is the RCRA Hazardous Waste Generator Status of your site at this time (not the reason for reporting, but your PRESENT Status)

Federal RCRA Hazardous Waste Generator Status at the present time.

- Large Quantity Generator (>1000 kg/Month or > 1kg Acute/100kg acute cleanup)
- Small Quantity Generator (100 kg/Month 1000 kg/Month) (< 1kg Acute)</p>
- Conditionally Exempt Small Quantity Generator (<100 kg/Month)(< 1kg Acute)
- Non-Generator (0 kg/Month)

State Generator Status (if different from Federal) Leave the State Generator Status Blank.

□ This site has a permit as a Treater, Storer, or Disposer of Hazardous Waste

Check This Form SI

Undo Changes

Delete This Site

NEXT SCREEN ->

Quick Form

Help

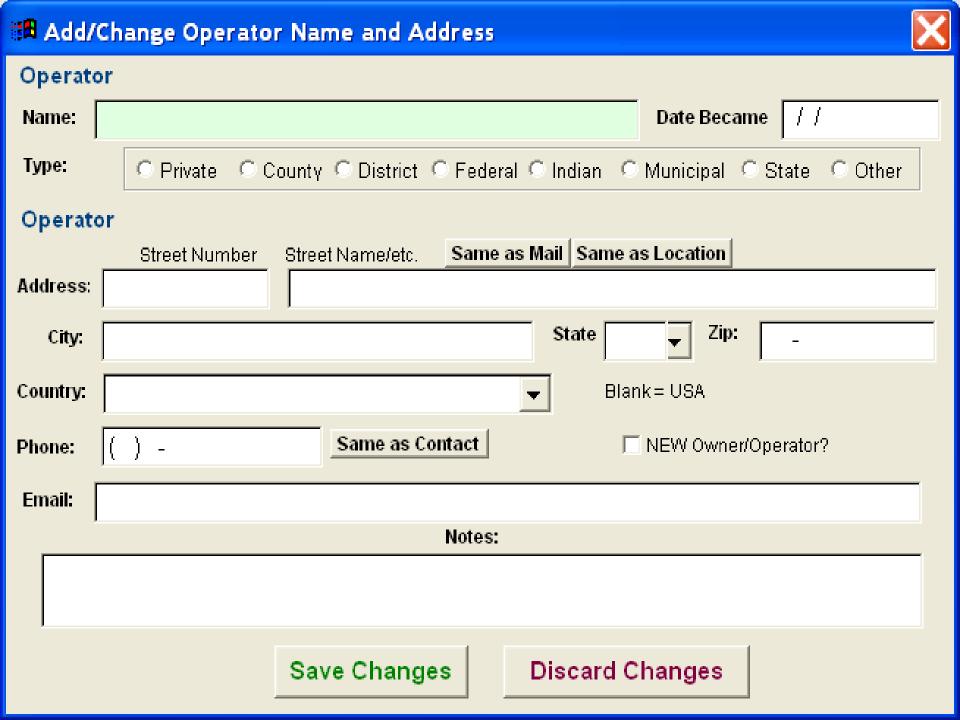
Data Entry Form - Site identification for TRIAL REPORT

All data entered is the information valid at the date of submission (now) - not neccessarily in the report year or in the future.										
Type in the Physical Location Address Information for your site: (required)										
	Street Number Street Name/ Building/ Directions/ etc.									
Address										
City:	State LA Zip:									
County:	Number:									
Type in the Mailing Address of your site: (required)										
	Street Number Street Name/ P.O. Box/ Mail Station/ etc. P.O. Box/ Mail Station line 2									
Address										
City:	State									
Country:	Leave this BLANK for USA									
Type in the primary RCRA Contact name and information for your site: (required)										
First Name	e: Middle Init: Last Name:									
Phone:	_ Ext: Email:									
Address:	Same as Mail									
Addi Coo.	Same as Location									
City:	State Zip: _									
Country:	▼ Blank = USA									
<=	PREVIOUS SCREEN Check This Form NEXT SCREEN => Help									

Data Entry Form - Site identification for TRIALANOTHER

All data entered is the information valid at the date of submission (now) - not neccessarily in the report year or in the future. Private C County C District C Federal C Indian C Municipal C State C Other Land Type (required) NAICS codes (at least 1 NAICS code is required) Owner(s): REQUIRED (with address) Begin Date: Type: Real Property Owner Name: Add an Owner Delete the selected OWNER Edit the selected OWNER data Facility/Business Operator(s): (REQUIRED for notification and BR) Begin Date: Facility Operator Name: Type: Add an Operator Edit the selected OPERATOR data Delete the selected OPERATOR Owners/operators at the date of submission (now) - not previous or future. <- PREVIOUS SCREEN</p> Check This Form Help

NEXT SCREEN ->



Data Entry Form - Site identification for TRIALANOTHER 10A. Present Hazardous Waste Activities (required for re-notification or Biennial Report) State Specific Activities The site status at the date of this report (8700-12) submission (now) - not previous or future. Leave blank Current Generator Status: CLQG(>1000) CSQG (100-1000) CESQG (<100) C 0 kg/month State Status: Exempt Boiler and/or Industrial Furnace ○ Y ● N Transporter of Hazardous Waste CY N Small Quantity On-site Burner Exemption ○ Y ○ N Transfer Facility CY N Smelting, Melting, Refining Furnace Exemption CY ● N Treater, Storer, or Disposer of Hazardous Waste C Y • N United States Importer of Hazardous Waste ○ Y ● N Recycler of Hazardous Waste (at your site) Y ON Receives Hazardous Waste from Off-site ○ Y ● N Mixed Waste (hazardous and radioactive) Generator C Y ● N Underground Injection Control C Y C N Short-Term Generator C. Used Oil Activities Notification B. Universal Waste Activities (Total > 5000 KG) (Large Quantity Handler only) Generated Used Oil (UO) Transporter Accumulated CY • N UOTransfer Facility CY • N UOTransporter Batteries Pesticides Used Oil Processor and/or Re-refiner Mercury containing equipment CY (N) UO Re-refiner CY N UO Processor Lamps ANTIFREEZE C Y • N Off-Specification Used Oil Burner MERCURY-CONTAINING EQUIPMENT Used Oil Fuel Marketer ELECTRONICS Y • N Marketer of Off-Specification Used Oil Select above then click-> CY • N | Marketer of On-Specification Used Oil Destination Facility for Universal Waste 11A/b. Hazardous Waste Codes now being generated (required for re-notification and Biennial Report) Click Here to Enter EPA Waste Codes Waste codes expected to be generated in the future - not neccessarily the report year waste. <- PREVIOUS SCREEN</p> Check This Form Help NEXT SCREEN ->

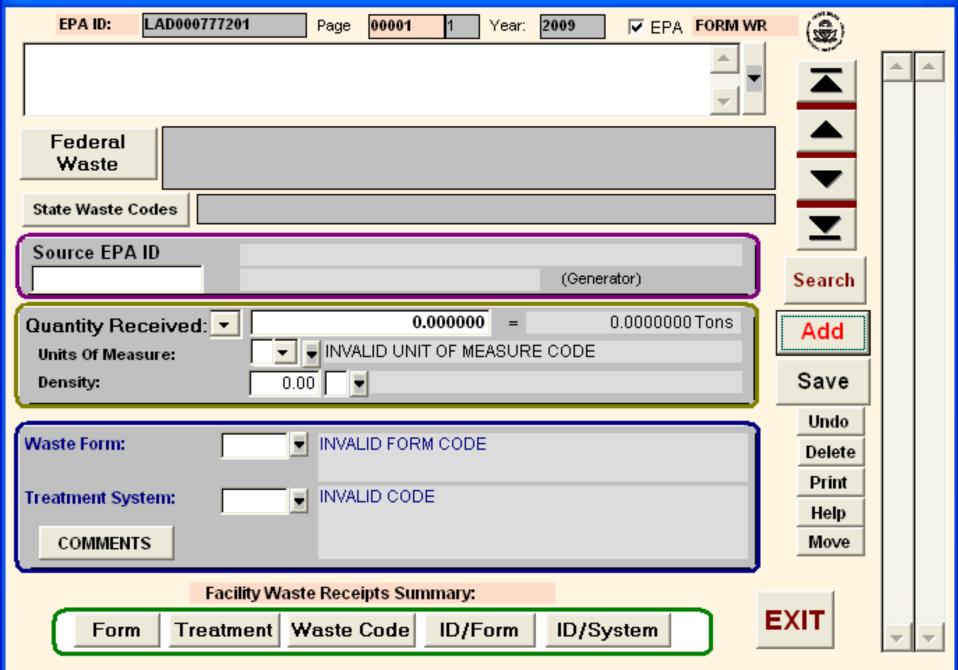
Data Entry Form - Site identification for TRIALANOTHER COMMENTS (optional) (<enter> or <tab> key not allowed) Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Certified By: (REQUIRED for re-notification or Biennial Report) Signed (First, Last) Title Date Add a Certifier Select a certifier above first then: Delete this Certifier Edit this Certifier Report prepared by: Preparer's Phone: () -Preparer's E-Mail: Preparer Data Entered Date: | / / Data Entered by: Delete ALL Forms and Data for This Site Undo these Changes to this Form SI Print This Form Help Save/NEXT FORM -> <- PREVIOUS SCREEN

Select an option now (click a button or type Y or N) This Form is considered to be a COMPLETE NEW notification of ALL WASTE activities at this site. Is ALL data CORRECT and COMPLETE? (N)0 - DON'T DO IT (Y)ES - DO IT

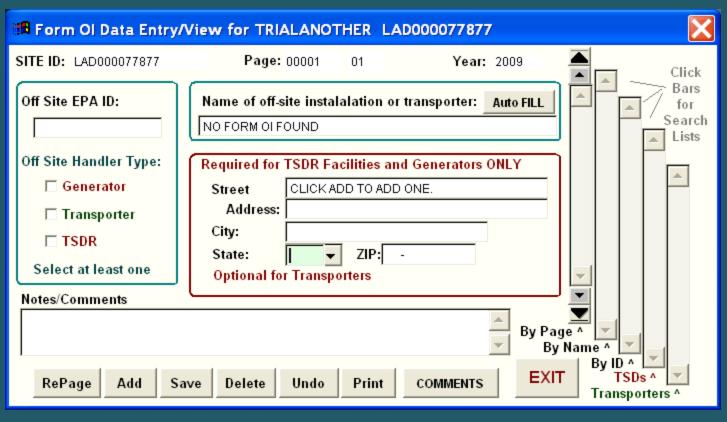


Generation and Management [GM] Forms - Create a new form for each waste stream for TRIALA								
EPA ID: LAD00007787	77 Page:	00001 Year:	2009 🔽 EPA Requi	red form? FO	RM GM	(4)		
Enter the Waste De	escription Here				△ Click This ▼ Bar			
RCRA Waste Cod					for a Search List			
					RePage Guide	e		
Enter the Code that bes		ce of this Waste (cli	ck the grey triangle box 💆 t	Add	d a Form(F3	3)		
				Save	Changes(F4)		
Enter the Code that bes	st Describes the Phys	ical Properties of th	is Waste		Delete Form			
▼ INVALID FOI	RM CODE			Un	ido(F5) Copy	_		
					Chec	k		
How Much of This Waste				Waste Minimization	1	٦		
0.0000	0.000000 Unit	of Measure: UNIT OF MEASURE C	Density: 0.00			-		
Click Here to add/e	edit ONSITE Treatm	nent/Disposal/Rec				-		
Click Here to ad	d/edit OFFSITE Sh	ipments for Treat	ment/Disposal/Recycling					
					Print(F2)			
Comments Enter Comm	ments Here				Help(F1)	-		
<- PREVIOUS FOR	Add Form N	IEXT FORM GM	-> LAST GM / OTHE	R FORMS ->	EXIT(Esc)		

Waste Received from OFFSITE by this TSD Facility









Enter all required forms for your Site

Enter the SI form to describe and identify your Site (required)

Enter GM forms to describe the Generation, Shipment, and/or Management of hazardous waste at this site

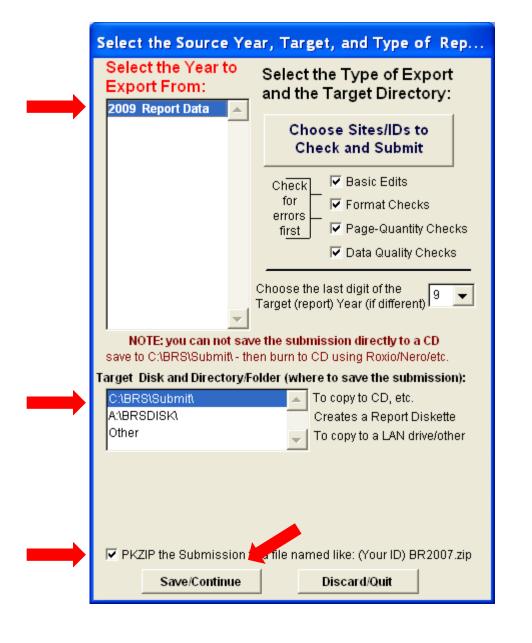
Enter OI forms to identify any Transporters you use or sites receiving waste from or sending waste to your site

Check This Site's Report for Questionable Data

Print This Report to paper (Form SI required)

Create Your Electronic Report Submission Disk

Save and Return









🔀 Create your submission on a CDR or CDRW disk



To copy your data submission to a CD:

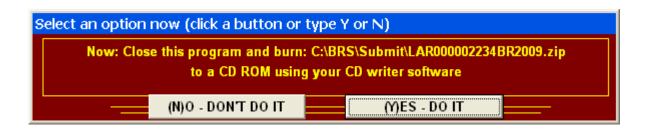
- Create the submission as a ZIP file in the C:\BRS\Submit folder.

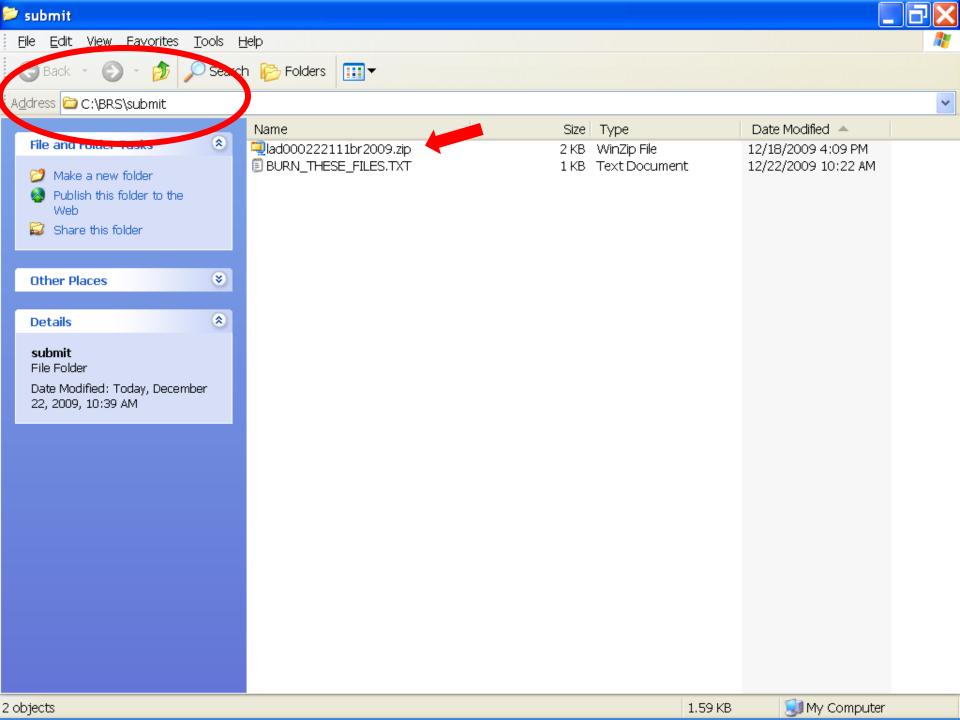
 It will be named like: c:\brs\submit\LAR000002234BR2009.zip
- 2. Copy the submission ZIP file from the C:\BRS\Submit folder to a blank CDR or CDRW disk (preferrably CDR):

Use a commercial CD creation software or Windows, depending on what is available.

Create and finalize the disk as a DATA disk - do not format the disk to drag and drop files onto it.









- > Reports are due at LDEQ on or before March 1, 2010.
- > Reports must be signed by the authorized representative for the facility.
- Electronic reports should be submitted on a CD or diskette and must be accompanied by the signed RCRA Subtitle C Site Identification Form.
- > Keep a copy of your report for your records copies should be kept for a minimum of 3 years from the due date of the report.